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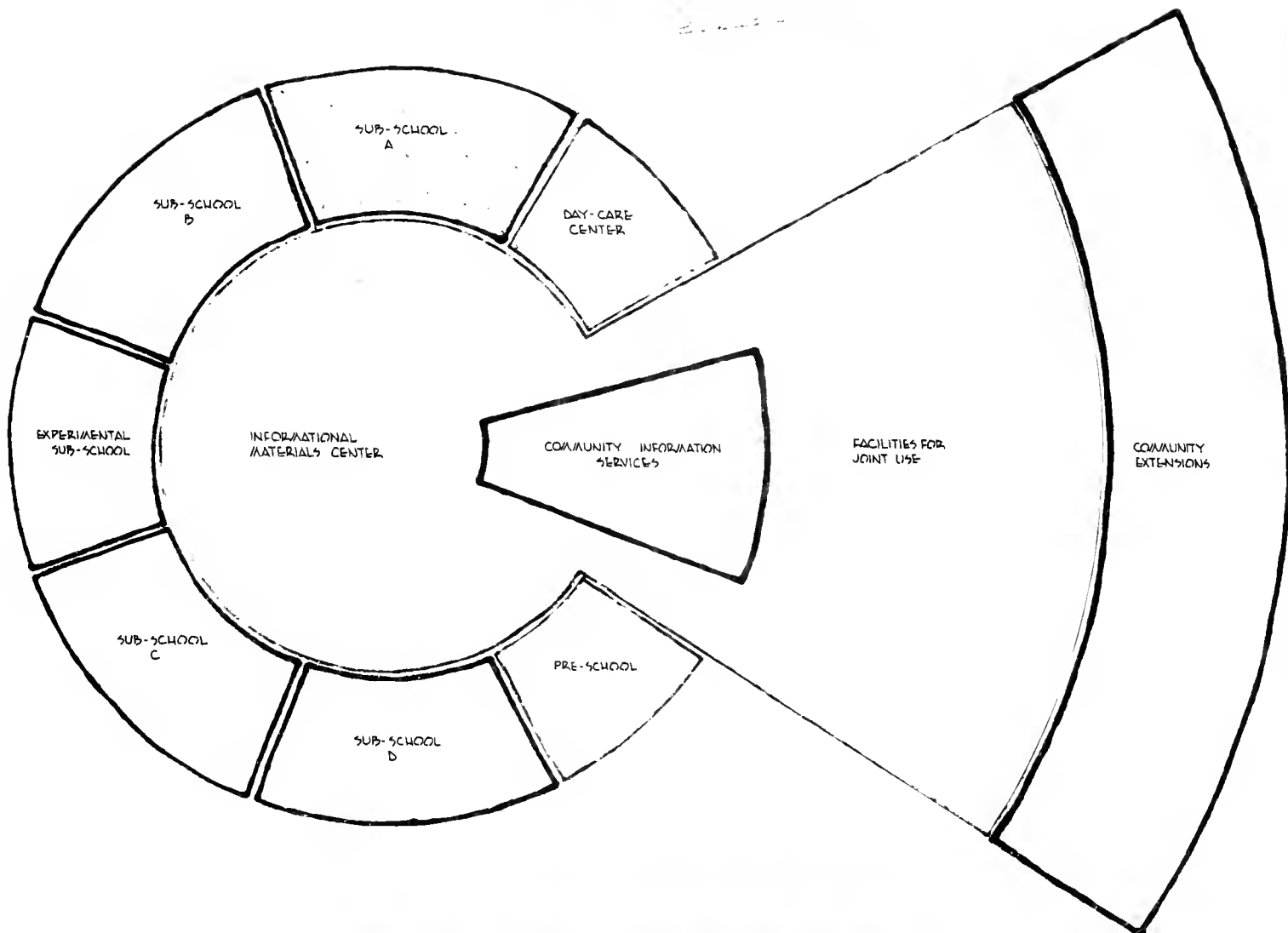


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Mr. 96-1512

So Cove

THE QUINCY SCHOOL PROJECT



FINAL REPORT YEAR ONE

South Cove

T8150

The Quincy School Planning Project is a cooperative effort of the Boston School Department and the Tufts-New England Medical Center. This is a report on the first planning period extending from November 1, 1966 to August 31, 1967, which was financed under Title III ESEA, 1965, Grant number OE-1-6-661515-2232, Project number 66-155.

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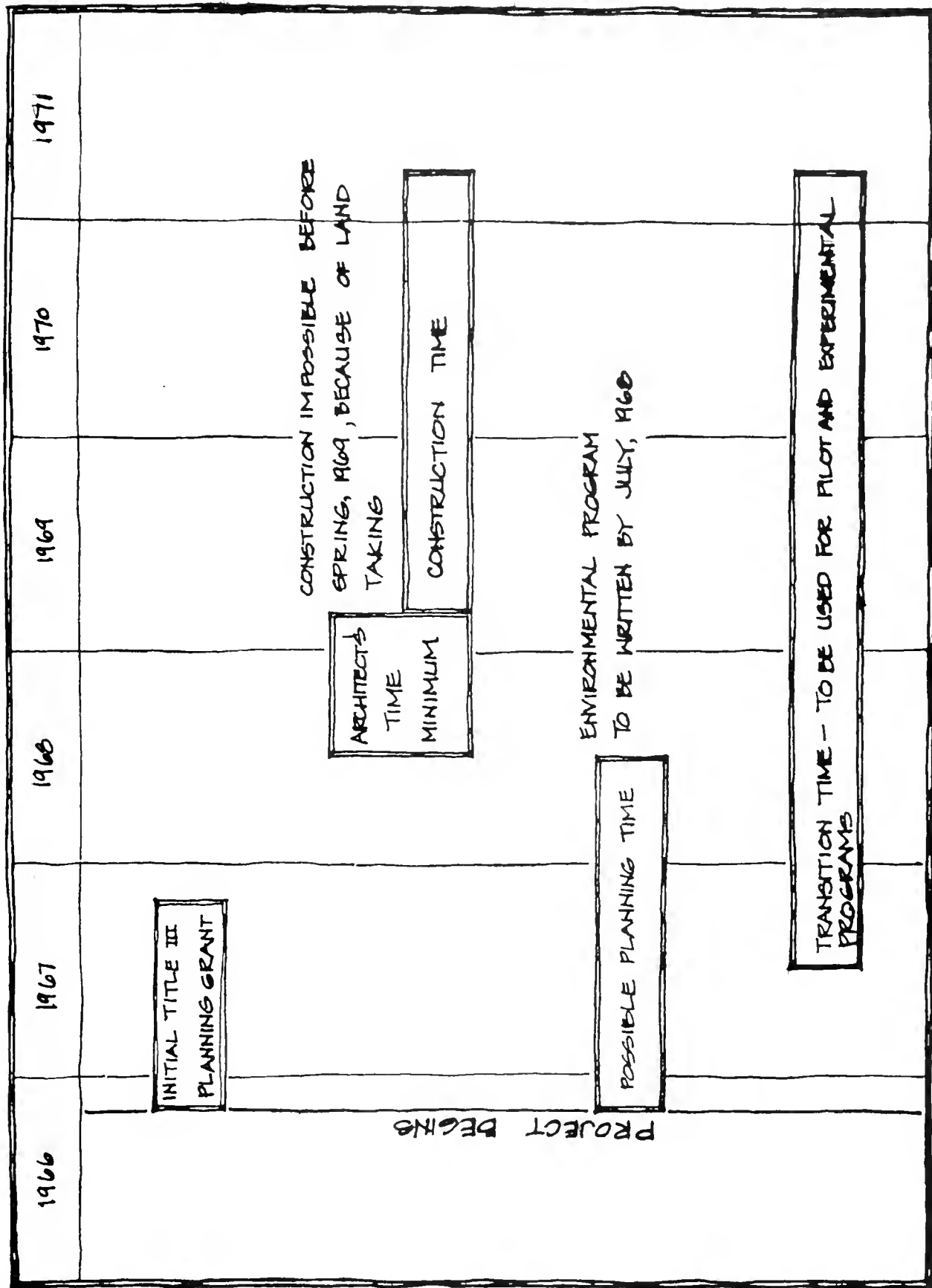
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I.

**INTRODUCTION
AND
OVERVIEW**

DIAGRAM 1

TIME - AS SEEN IN NOVEMBER, 1966



I. INTRODUCTION AND OVERVIEW

A. Temporal Context-Past

Approx. 1961	Beginning of the South Cove Redevelopment planning and plans for the new Tufts-New England Medical Center (T-NEMC)
1962	Sargent Report-declaring the Quincy School obsolete and assigning new school
1963	Early exploration by T-NEMC, re. a new school
1964-65	Contacts between Boston School Department and T-NEMC concerning the new Quincy School
1965	Passing of Elementary and Secondary Education Act of 1965
April 1966	1st Title III application by Boston School Department including Quincy School Project
Sept. 1966	Granting of \$26,500 to Boston School Department for Quincy School planning to be carried out by T-NEMC Planning Office
Nov. 1966	Hiring of planning staff for Quincy School Project for initial 10 month period
Jan. 1967	Application to Title III for first pilot program grant in health-care
July 1967	Application to Title III for second pilot program and for a second year of planning
Sept. 1967	\$110,000 granted to Project for the first year of the pilot health-care program
Aug. 1967	Application to Educational Facilities Laboratories an affiliate of the Ford Foundation for additional planning funds
Sept. 1967	End of initial planning budget period

Oct. 1967	Notification of rejection of both July 1967 Title III proposals
Nov. 1967	Notification of award by Educational Facilities Laboratories of \$30,000 for a six month request for programming and documentation

B. Original Statement Concerning the Replacement of the Old Quincy School

The following is quoted from the Sargent Report of 1962, a comprehensive study of the physical conditions of the Boston Public School System:

✓One of the oldest public school houses in America and the oldest in Boston still in use, the Quincy School was a pioneer. It was the first American public school in which children were arranged by grades. It still serves its neighborhood after more than a century of use, but its facilities compared with the facilities of the pioneer schools of today, are minimal.

In an area of the city in which children have few play areas except the streets, the Quincy School can offer little more. It is closed in by tall buildings, and its extremely small yard is paved and fenced. Access roads to the Turnpike Extension will soon be constructed immediately adjacent.

The building itself evinces its age. Floors are sagging, split, and worn; window sashes are loose and rotten; interior walls and ceilings are cracked and show less evidence of leakage. The lighting is poor even on sunny days. Substandard toilets are located in the basement and their porous floors retain dirt and odors. The boiler is hand-fired with coal. Except for a shop, there are none of the special educational facilities available to many other children throughout the United States and elsewhere in Boston.

Such deficiencies as the open stairwells, wood stairways, wood frame interior and the height of the building (shrunk from its original four and one-half stories to three and one-half in the wake of the 1938 hurricane) suggests that the Quincy School should be abandoned for school use as soon

possible. Considerations for retention of this structure because of its historical associations must depend on another economical use for it; it cannot justifiably remain as a burden on the School Department.

C. Original Intent of the Quincy School Project-September 1966

The following is a quote from the application made by the Boston School Department to Title III in April 1966; listed are the original objectives of the Quincy School Project:

1. A program so designed as to allow for the practice teaching of children with various types of handicaps.
2. A school so designed and constructed as to permit the physically handicapped child to learn and function among normal children.
3. A school so designed and constructed as to permit mentally and emotionally disturbed children to function among normal children.
4. A program so designed to train pediatric interns and residents in school health programs.
5. A program so designed to train dental students and practicing dentists in school health programs.
6. A program so designed to train pediatric nurses in school health programs.
7. Programs not only designed to perform research and demonstration in the following areas and to evaluate educational technology but also programs designed for research on the problems of children suffering from multiple deprivation other than physical and mental handicaps.
8. Model innovative school programs in a large part from the experimentation in the model demonstration sub-systems under Title I of the ESEA of 1965.

(Points 7 and 8 are extremely open-ended and provide a basis for the conclusions reached by the project staff at a later date. Clearly, the intent of the project outlined above is primarily medical in its orientation.)

D. Intent of the Quincy School Project After One Year of Work

The following is quoted from the letter of October 18, 1967 to Mr. Alan Green, Secretary to the Board of Educational Facilities Laboratories, an affiliate of the Ford Foundation, from Mr. Frank W. Kibbe, Jr., the Coordinator and Planner for the Quincy School Project:

"Above all else, the new Quincy School is viewed as a community resource. In other words, within its possible limits, the facility must act as a participating member of a conglomerate community fulfilling a variety of needs as they are discovered within this complex urban social system. The principle endeavor is clearly community education. The specific parts are: 1) the education of young children and 2) the supplying of needed information to the community-at-large. The Quincy School will not presume to act as a high school or as a university; it will, however, respond and act upon the existing and future needs of the people it seeks to serve.

This concept alone is not particularly a unique one, but when viewed in the context of a major urban public school system, its importance changes radically. With this concept in hand and working properly, this large and complex organization would be able to develop a system and a process of complete individualization of education not only in terms of particular students but in terms of blocks of people who comprise the various sub-cultures present in every American city. Just as non-grading has provided a means of handling the unique needs of individual learners, the responsive community school can comprehend, support, and respond to individual community needs. The all encompassing "norm" need no longer dictate to groups of people who in fact do not fit within the tight confines of such a definition.

A few cities or creative universities have begun to move in this direction. This project, however, proposes to plan a facility which fulfills this role directly and completely. We have proposed a holistic approach which will be reflected not only in the activity programs designed for this situation but in the actual facility, the "designed environment," as well.

I would like to briefly touch upon the five basic areas of concern so that this concept might have tangible substance. The categorizing which will follow is purely

a methodological device. We recognize the intricate relationships that exist between these parts, but in order to make the problem manageable, a structure and a scale must be applied to the total problem. Again, let me stress that our goal is to plan a particular building for a particular community. While the approach and methodology employed by this project will be of generic value to other communities, the specific elements designed here may not necessarily be applicable to other situations.

The most obvious area with which to begin is educational. The need is for: 1) a learning environment for 700-800 children in the equivalent of K-5 grade range. The proposal is for a non-vertical structure developing within four sub-schools of approximately 200 students each. A fifth sub-school, located closely within this organization, will act as a resource for the teaching personnel on two levels: first, as an area of specialization capable of handling any learning disability which a child might have (and thus, any child from the community who is capable of socializing may attend this school. It would make no difference if the child were retarded, emotionally disturbed or physically impaired in any way, because this zone would be available according to his needs;) and second as an innovative input for new teaching methods and devices.

2) A resource for direct community information which is needed by the residents of this area. Be it of legal, medical, economic, housing, or educational nature, a central and interwoven system of information delivery would be of immense value to this rapidly expanding and changing urban neighborhood. This system would rely both upon direct information retrieval (library or some other form of information storage) and on person-to-person consultation in the form of community agency offices and staff.

3) A learning environment supporting these particular needs of this community other than those already discussed. Language, unique cultural attributes, various courses on living efficiently in an urban setting, and recreational education are four tentative blocks of material which will be provided by this facility for anybody from this community who wishes to take them.

The second major area of concern is medical. The Quincy School Project is seen in this respect from two points

of view. First, as an area which may act as a stepping stone towards a total community health-care service; and second, as a valuable research and resource element within the larger medical community.

The first element is fairly clear. The Tufts-New England Medical Center is anxious to serve its own community. However, a complete health-care package must be carefully constructed with full awareness of the uniqueness of each community; and thus, the medical personnel involved with this project wish to begin with the elementary schools in this area. Through these children, they will be able to reach into the homes, gradually accumulating the data required for larger programs for expanding numbers of people.

The second element is extremely valuable to the pediatric unit of the Medical Center. The training of medical students, residents and house officers in the problems of normal children in the school situation is now a serious lack in the Center's activities. By placing this group in the school, not only do they learn from the children they see, but they act as resources for the teachers and specialist medical staff as well.

Recreation and physical education constitute the third major piece of this complex facility. Currently under investigation is a scheme which, if successful, will develop a series of joint-use elements designed for recreation. The Boston Y.M.C.A. and the Boston School Department would jointly fund in one way or another, a major facility to handle all of the elementary school children in the district (1,200 approximately) during the school hours; the rest of the time, approximately 75%, the facilities would become Y.M.C.A. controlled and thus available to the community-at-large. Consisting of an auditorium, two gymnasiums, a pool, exercise rooms and therapy rooms, locker and shower rooms, community meeting rooms, and administrative facilities, this block of space would then be of great value to all programs and all agencies involved. In addition, a sizeable open playground is foreseen for the roof of the building.

The fourth major element is that of housing. The Boston Redevelopment Authority (BRA) has delegated part of the site to the Medical Center for housing. The Medical Center is currently working with the Quincy School

Project staff to examine the relationship between these two pieces of urban landscape. Coupled with this element is the usual amount of parking and a limited piece of commercial space in support of the approximate 120 family units.

The fifth element of planning is that of the facility itself. No element alone is unique but this combination on one site within one structure and under a joint administration is unprecedented. The actual programming and design of the total environment becomes an extremely complex task. The standards used by the programmers in previous examples cannot be applied to this situation, for an entirely unique series of environmental variables must be considered.

One of the major parts of this programming element is a simultaneous study of the effects on the learning environment of educational technology. As we discussed in your office the goal here is to develop in schematic form, an integrated series of learning systems. This preliminary study, which would be conducted both on the level of an individual student-teacher relationship and on the level of a total environment, will have a great effect on the final program. In addition, this piece will eventually lead to a much larger proposal aimed at the specific design of these complex systems and at their evolutionary character."

E. Rationale for Expansion

The Project staff and the various institutions involved with the Project felt that this larger effort should be attempted for the following reasons:

1. The long range goal of the total project was the design of a school for an inner urban area undergoing great change. The T-NEMC Planning Office had both the experience and the people to develop initial concepts for such a school.
2. The Medical Center itself had great interest in this school as indicated in the earlier grant statement and would support expansion of the project's scope.
3. The location of the proposed Medical Center housing on the same site clearly indicated a move to a more comprehensive and clearly coordinated project.

4. The School Department was anxious to use the opportunity presented to develop a sophisticated and innovative urban school facility.
5. The human resources were available to undertake this comprehensive approach through the academic ties with the T-NEMC and the University.
6. The Boston Redevelopment Authority saw such a school as a major reinforcement of the community's renewal goals.
7. The project staff felt that to develop an innovative school facility based on the parameters indicated by the original grant was unrealistic, and that in order to design a school facility for the urban area under consideration, a much broader approach would be necessary.
8. Such a broadening of the concept of the school would provide data of great value as part of a national search for urban educational resource facilities.

F. General Status of the Total Project as of September 1, 1967

In view of the evolving character of the project's purpose, the success or failure of the first year is extremely difficult to assess and is essentially beside the point. So, rather than attempt to evaluate this project to date, this document will simply report on the progress which has been made.

The large expansion of the project's objectives came about primarily because of the attempts of the staff to define the context and limits of the problem. Since however, there had been very little work done previous to the project's inception, there was no specific context and thus no limits. Clearly, then, the staff was faced with an untenable situation of having to design the complete package as well as those pieces outlined in the initial grant within the limits of a ten month period. Realizing that for Boston to benefit from this work the project could not simply be an abstract prototype which would never be built, but rather had to direct itself towards an action-oriented program which would lead to the construction of a specific school as the terminal point, the staff decided to ignore the time limitation and to proceed under the assumption that more money would become available when necessary if the expanded goals were indeed correct. Also stated at this time (November 1966) was the decision to develop the points outlined in the initial grant only within the total space-time context of the project and not as unique elements demanding special consideration. And

while these elements would require a great deal of work and consideration, they should not be allowed to dominate the "think" of the new school.

If the project were evaluated only in terms of its initial purpose, its success would be limited. However, that purpose has been changed and thus an evaluation would be unrealistic.

In very general terms, this initial year of the project has acted as the first major phase of the project, which concluded roughly at the same time as the first planning grant. This phase involved primarily problem definition, problem approach, and the development of a planning organization. And while no clear cut line may be drawn between the stages, the second year will involve much more specific channels of action based upon the work of the first year. This report will outline the decisions of the first year and will suggest the direction for the second, third and fourth. In addition, it will act as a concluding statement of this initial phase.

Unlike the process as used in the development of an abstract prototype, the planning methodology of the Quincy School Project has not been pre-structured; rather, it has been evolutionary. Because the principal objective of this effort has always been to build a school, not simply to plan one, the decisions made by the project staff are contingent upon a large number of other forces outside the project's domain. Section II of this report will outline and analyze those forces and relate their effect on the project. Section III will outline the decision-making pattern of the first year. Section IV will describe in detail the existing state of both the total project and its separate pieces. Section V will project a series of possible futures for these pieces and attempt to establish various priorities that the project must follow in order to succeed.

II.

CONTEXT

II. CONTEXT

A. Community: South Cove-Castle Square

1. Geographic-Diagrams 2, 2A and 3, pages 12-14.
2. Demographic-Diagrams 4 and 5, pages 15-16.
3. Institutions
 - a. Tufts-New England Medical Center

This particular institution will be discussed in its role as part of the Quincy School Project. Here, however, it will be looked at as it relates to the community.

PAST: Up to 1961, the New England Medical Center Hospitals and Tufts University Schools of Medicine and Dental Medicine existed in a loosely defined association with medical service based largely on a traditional pattern of referral patients from private practice. The growth pattern was uncoordinated and seriously hampered by the constraints of a declining inner urban neighborhood. Both in its teaching and service roles the Medical Center tended to turn its back on the problems of the community of which it was a part.

In the early sixties, the constituent units of the Medical Center began a slow process of consolidation and long range planning, involving the staged construction of a new plant and close collaboration with the city in renewal of the surrounding neighborhood. These plans coincided with a growing concern in the area of community health.

Because the initial generator had thus been of an environmental nature, the Tufts-New England Medical Center's Planning Office included a strong emphasis on the urban environment of which it would be a part. For if this experiment in building a large scale medical facility in the heart of the city was to succeed, a permanently viable neighborhood would also have to be created around it. This meant new housing, recreational places, commercial areas and a new school. Other rationale were developed but this was the primary initial reason for the concern of T-NEMC in the Quincy School Project.

PRESENT: By 1965, T-NEMC became more aware of the emerging community health goals, and especially those in the area of child health, indicated an extension from its concern in the local community's physical environment



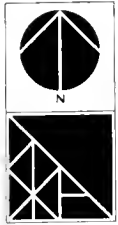
- block number
- parcel number
- property to be acquired
- conditional acquisition:
- group A
- group B

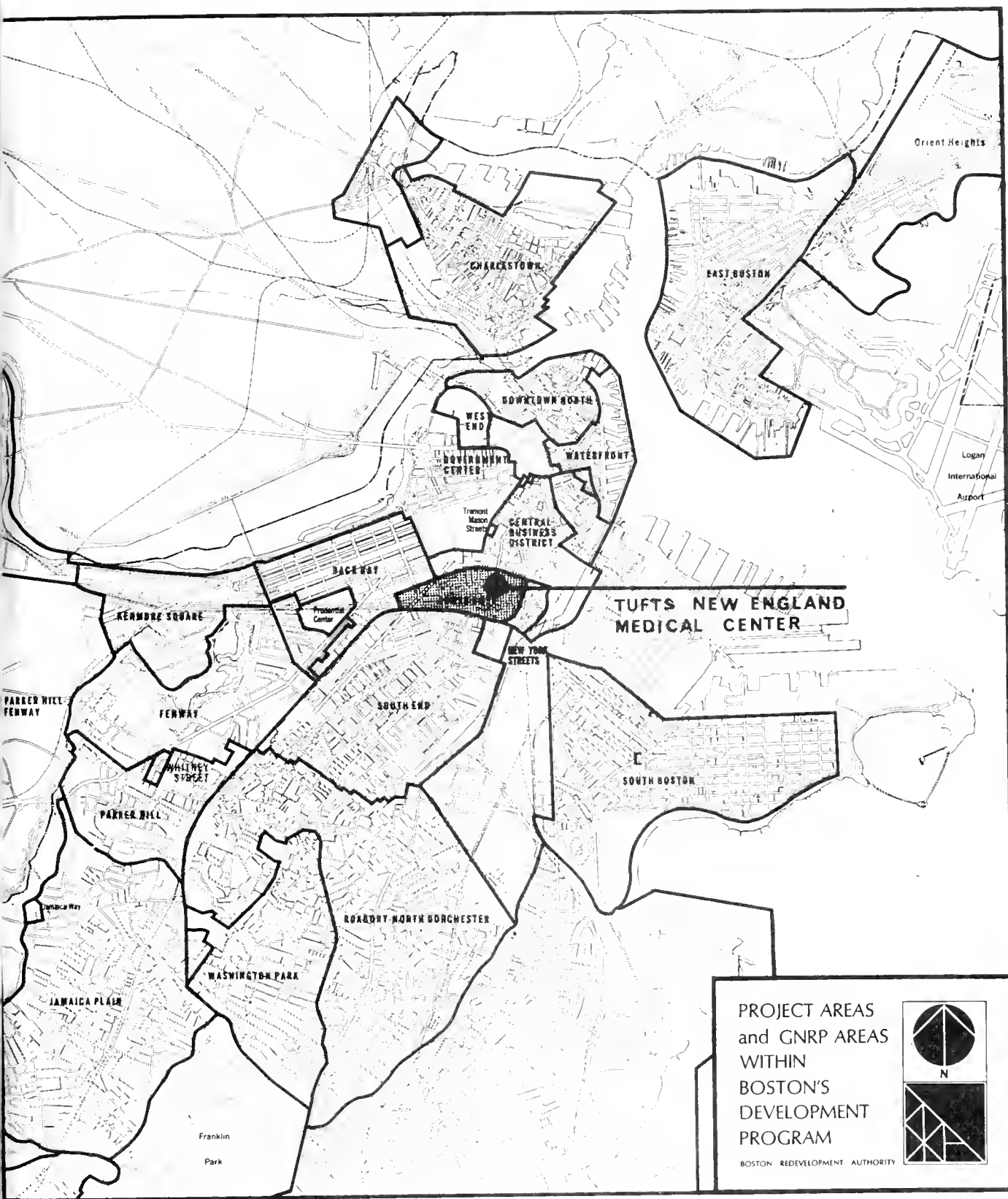


DIAGRAM 2
PROPERTY MAP
EXISTING
June 1965

South Cove
Urban Renewal Area
Massachusetts R-92

BOSTON REDEVELOPMENT AUTHORITY





Map of Boston

Diagram 3

DIAGRAM 4

POPULATION — AGE LEVELS

DOES NOT INCLUDE CASTLE SQUARE AREA

1960

1975



2,326

730

457

200

157

230

145

180

167

340

195

65 AND OVER

20-64

15-19

10-14

5-9

0-4

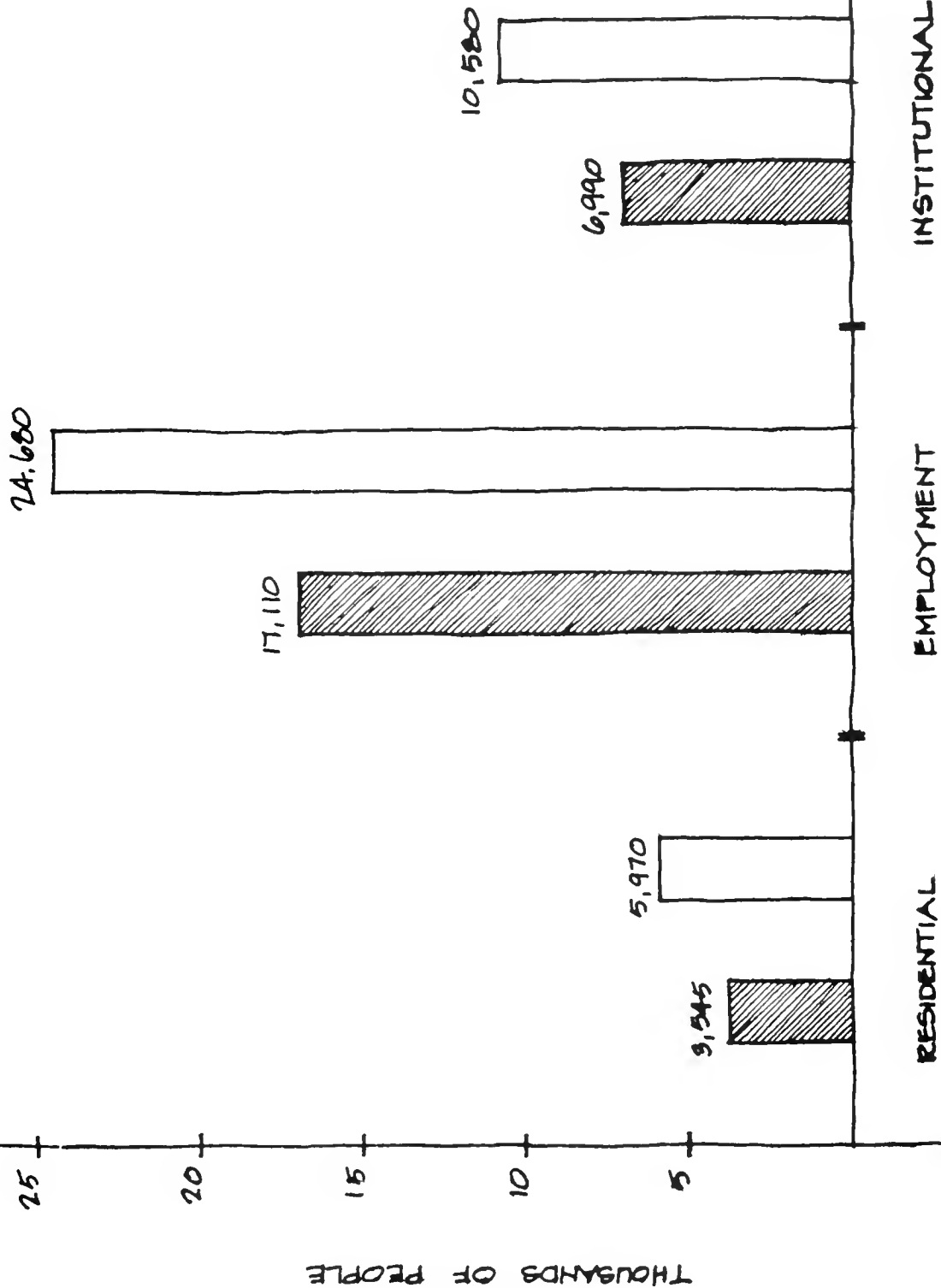
AGE

DIAGRAM 5

POPULATION - RELATIVE SEGMENTS
(DOES NOT INCLUDE CASTLE SQUARE AREA)

□ 1960

▨ 1975



to its health-care problems. The Quincy School Project thus became a starting point in the development of a comprehensive health-care program for South Cove-Castle Square area. But because of inadequate facilities, the exploratory nature of initial steps, demographic and political factors, and the complex forces involved, this work would proceed at a very slow rate.

FUTURE: With the Quincy School acting to a large degree as a focal point, the T-NEMC hopes to develop a comprehensive health package for this community. As their new buildings are constructed, the amount of care that is available will be expanded. And as the South Cove Renewal Project develops and the new school is designed and built, the T-NEMC expects to become an active participant and community resource.

b. The Don Bosco Technical High School

This parochial high school with a present enrollment of 600, serves the city-wide area with an expected student body of up to 1,200 boys. Until November 1967, it had seen itself as a separate entity with no relation to the specific community in which it is located. It thus chose to assume little responsibility to the neighborhood of which it was a part. In November, however, this approach changed dramatically and now the administration of the Silesian Order desires the school to be open to the community as one of its resources, to an extent compatible with its basic program. Because of its adjacency to both the new Quincy School and the T-NEMC, this decision is extremely important.

c. The Chinese Y.M.C.A.

Because of its situation and its direct community service orientation, the Y.M.C.A. was very early to participate in the South Cove community thinking.

As part of the plan for renewal of the South Cove, the Chinese Y.M.C.A. visualized a new facility for the Chinese community to replace its present completely inadequate structure. The Boston Y.M.C.A. felt that its commitment to this neighborhood was binding. Regardless of what other facilities might be developed for the area, a small but comprehensive facility had been visualized within the limits of the Chinese ethnic area. As the Quincy School Project began to take shape, the "Y" also became convinced of its potential as a community facility, and was very anxious to help in whatever way it could.

d. Morgan Memorial Good Will Industries

This large welfare organization had until recently been located within the South Cove area. Although its main plant has been relocated into another adjacent district, a community church, the Church of All Nations associated with it has plans for a new facility adjacent to the new Quincy School site. There are many areas of possible cooperation between this church and the community but so far few have developed except at the talking levels.

e. Maryknoll Sisters

This small order seeks to serve the Chinese community through various community type activities. They wish to expand their facilities to be able better to carry out their role.

4. Community Organizations

a. The South Cove Recreation Committee

This coordinating group (see Diagram 6) which meets once a month is the only comprehensive forum for the entire community and to date is still not fully representative. Gradually, it has expanded its scope of attention beyond that of recreation alone and is becoming a very important resource for emerging community action and especially for the Quincy School Project.

b. The Castle Square Tenant's Association

Since the question of Castle Square's inclusion into the Quincy School Project is still unresolved and since the area itself has not congealed into an identifiable community as yet, very little contact has been made with this group. The new housing project has some 500 units.

c. The Bay Village Association

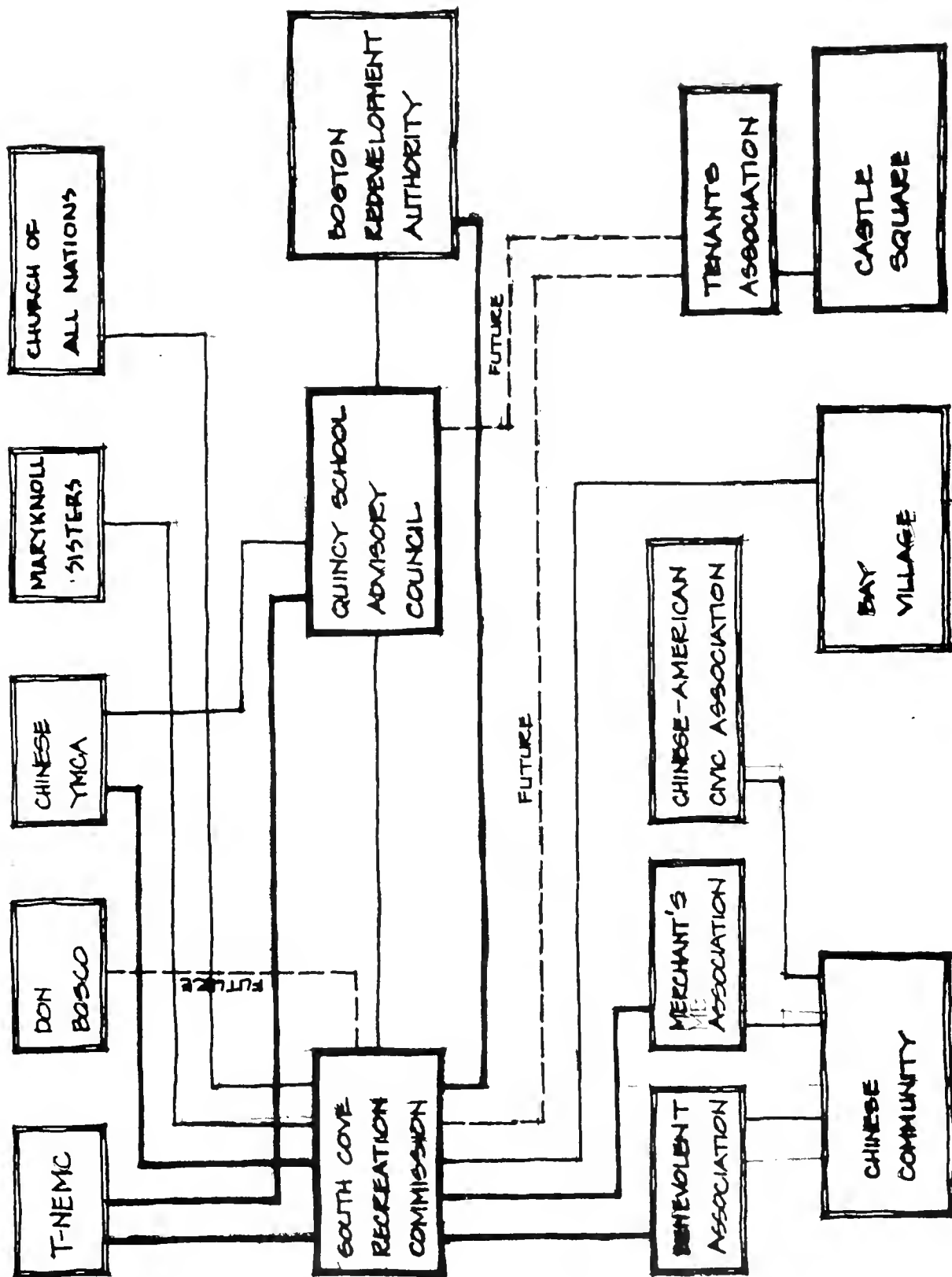
This group has been largely inactive because of the lack of concrete issues and general concern.

d. The Chinese Benevolent Association and the Chinese Merchants Association

These are two governing groups of bodies of the highly organized Chinese community. Contact with them is maintained through the Recreation Committee.

DIAGRAM 6

COMMUNITY CONTEXT



e. The Chinese-American Civic Association

A grass-roots community concern type of organization of very recent vintage which will hopefully play an an increasingly important role in the Quincy School Project, but because of lack of contact has not yet been able to do so.

B. City

Contact with city-wide organizations is held exclusively to institutions of which three are the most important:

1. The Boston School System

See Diagram 7. This map pertains only to those sections of the School Department which relate directly to the Quincy School Project.

Because the new Quincy School will be a Boston Public School, the role of the School Department is central in the planning process, and the entire effort is visualized as a collaborative one.

2. The Boston Redevelopment Authority (BRA)

The BRA is the city agency principally responsible for the coordination and execution of the entire South Cove Urban Renewal Project. (See Diagram 2A) Its South Cove Office has maintained very close contact with the project and has been a primary source of community information. Its responsibilities include land-taking and site control as well as the development of inter-project communication. Thus, the Quincy School site is part of the renewal plan and will be cleared and made available through the renewal agency.

3. The Public Facilities Commission

Created in 1965 to streamline the construction of new public buildings, this Commission has absolute authority in terms of building all city-owned facilities, schools included. Throughout the initial planning period, a member of this Commission has sat in on the Advisory Council Meetings of the Quincy School Project. The Director of the Commission, together with the Superintendent of Schools, joined the T-NEMC in the funding application to E.F.L. for a supplementary grant.

DIAGRAM 7
THE BOSTON PUBLIC SCHOOL SYSTEM

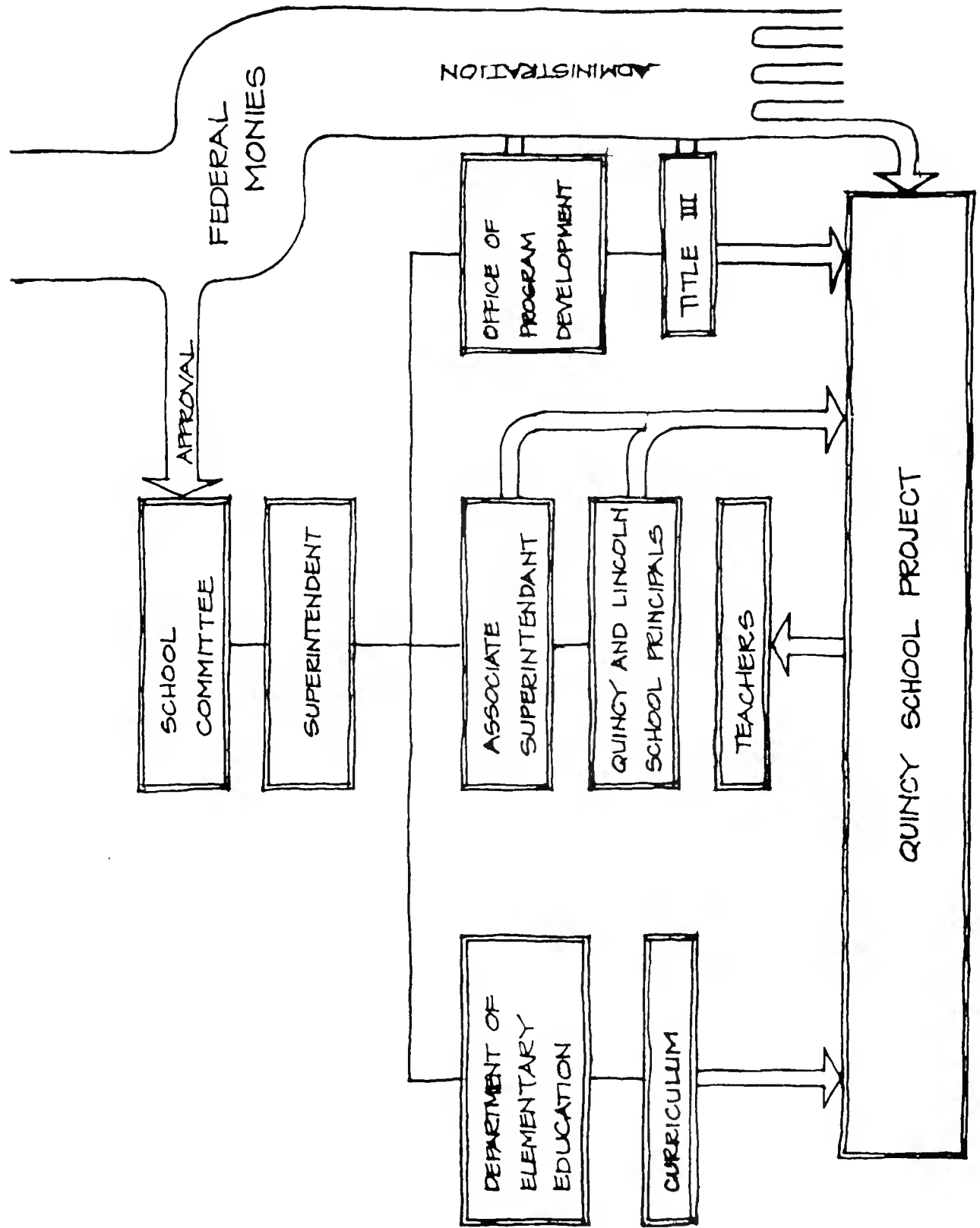
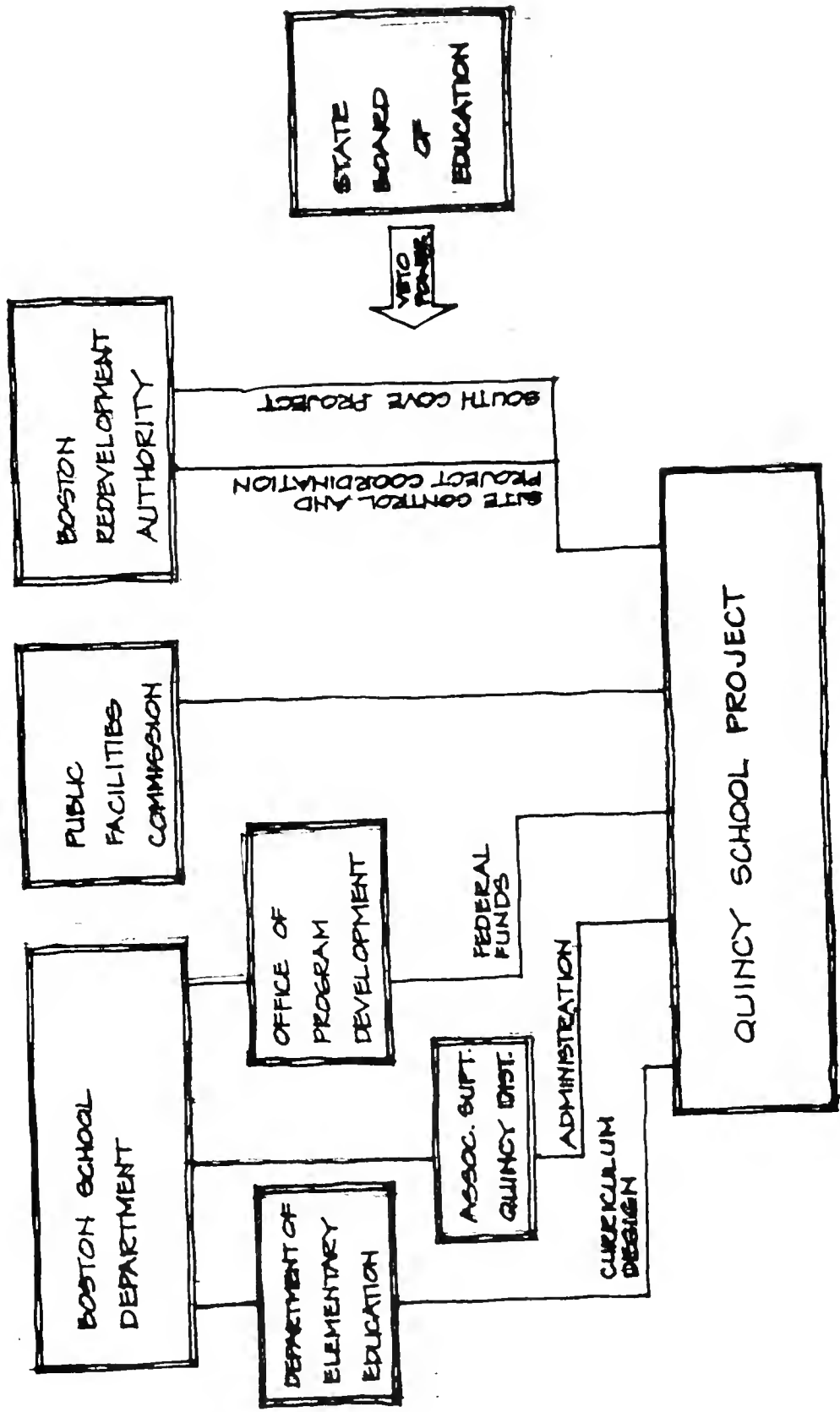


DIAGRAM 8
NON-COMMUNITY INSTITUTIONS



III.

PLANNING SEQUENCE

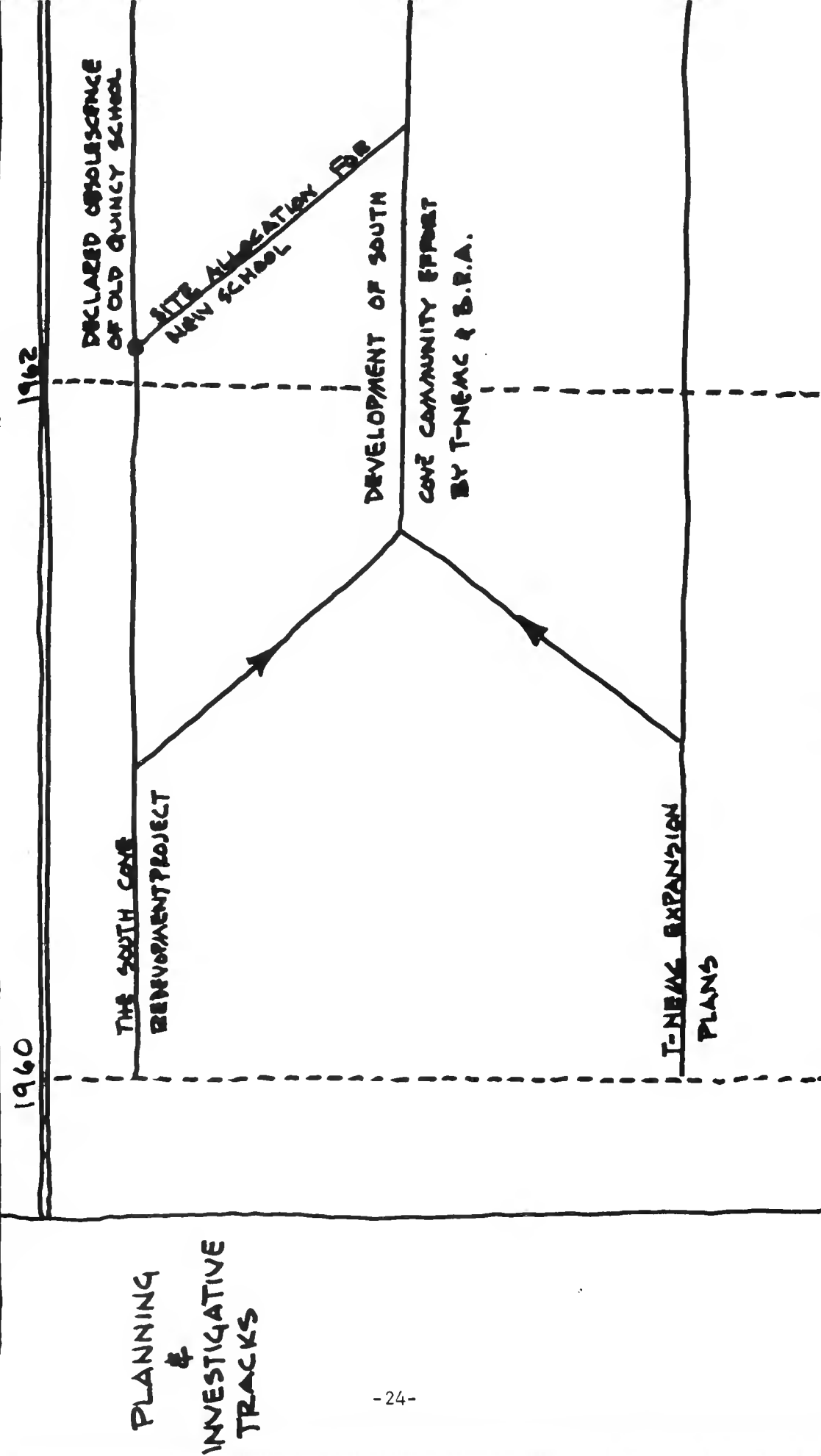
III. PLANNING SEQUENCE

See Diagram 9A-9E pages 24-28.

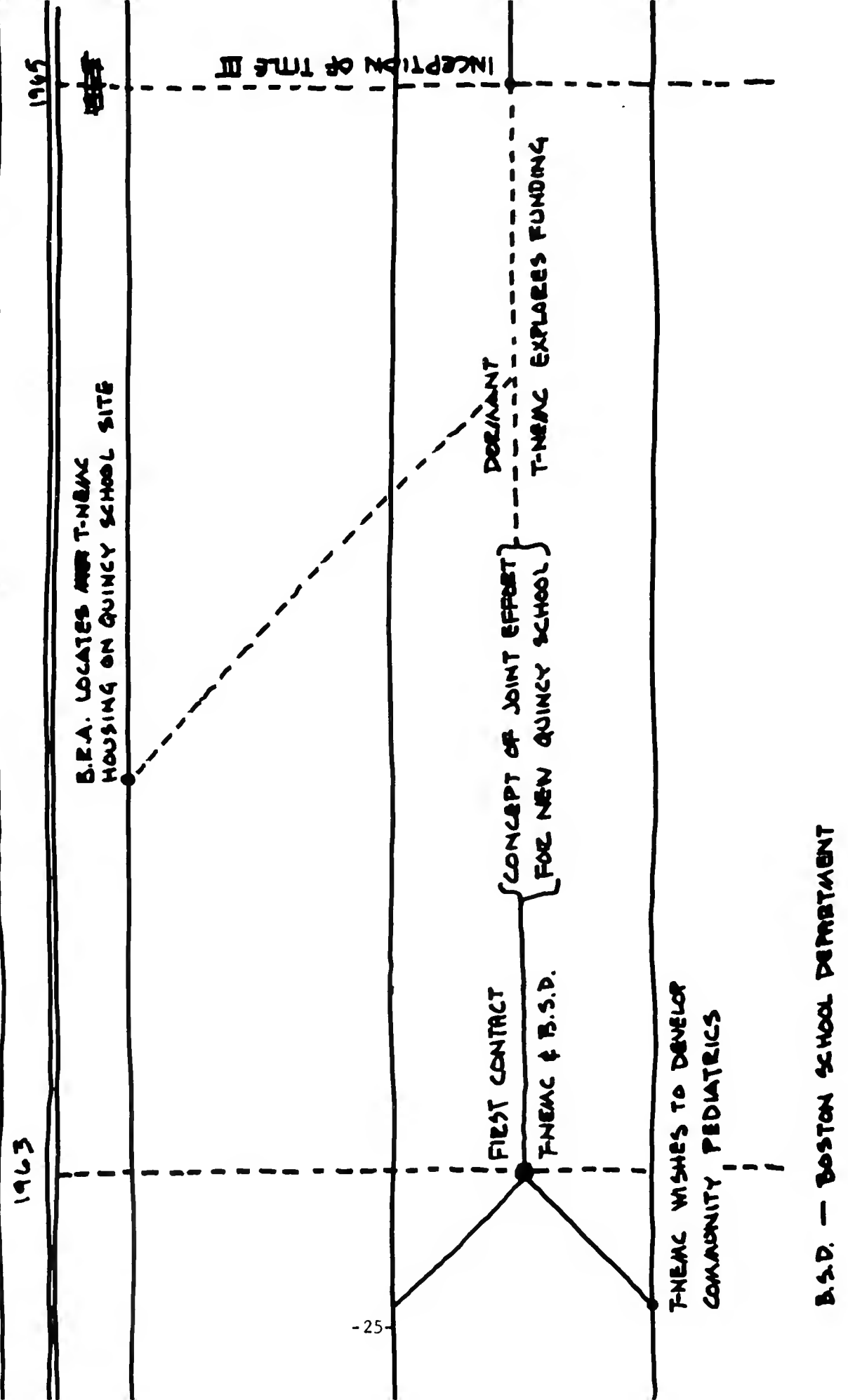
DIAGRAM 9A

SEQUENCE OF PLANNING DECISIONS

TIME (NO SCALE)



T-NEMAC - TUFTS-NEW ENGLAND MEDICAL CENTER
B.B.A. - BOSTON REDEVELOPMENT AUTHORITY



APRIL
1966

NOV
1966

NEED FOR NEW SCHOOL FACILITY

DEVELOPMENT OF JOINT PROPOSAL

BASED ON SCHOOL HEALTH NEED

{MEDICAL CONCERNS}

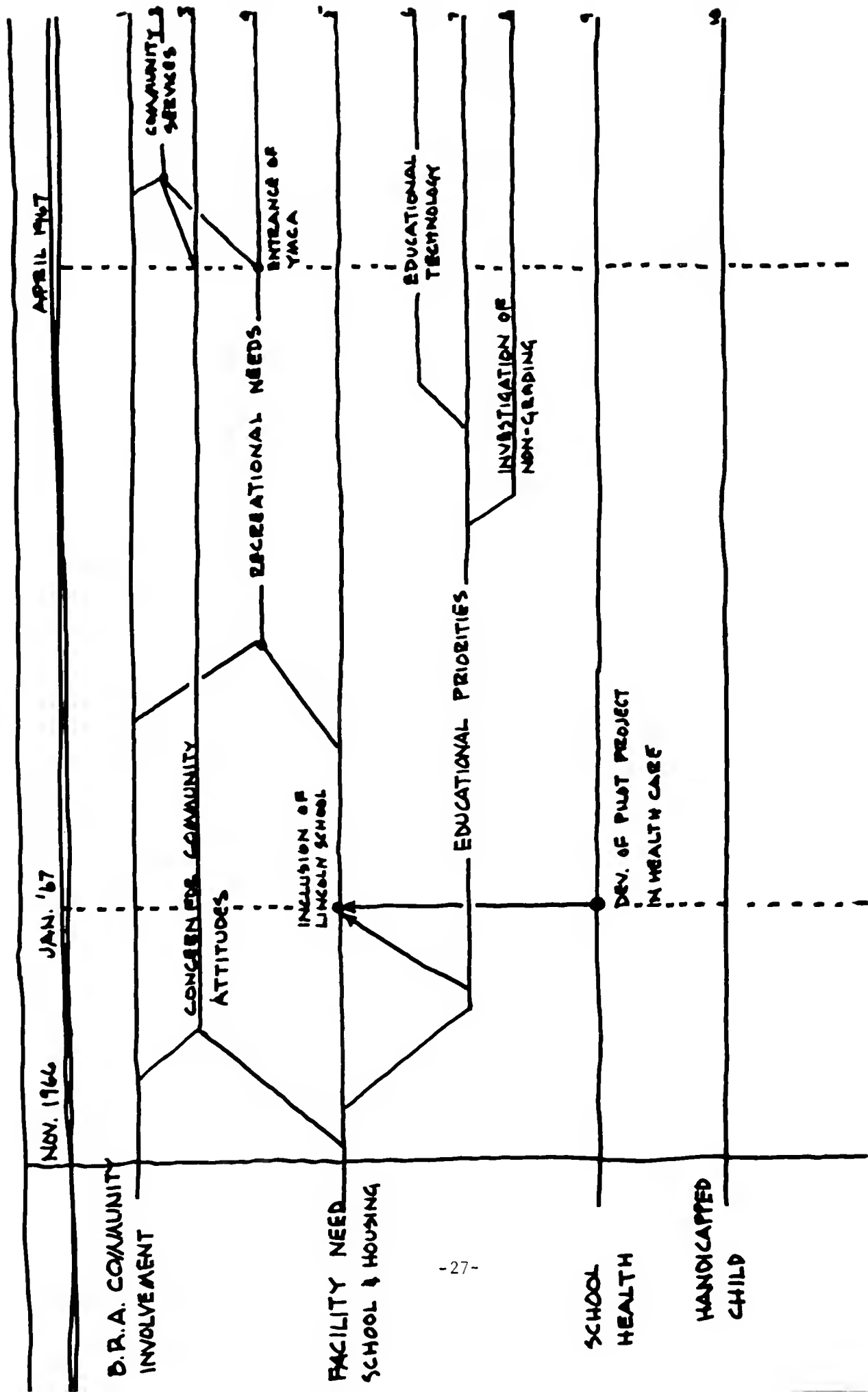
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CHILD ISSUE

BEGINNING OF PLANNING PROJECT

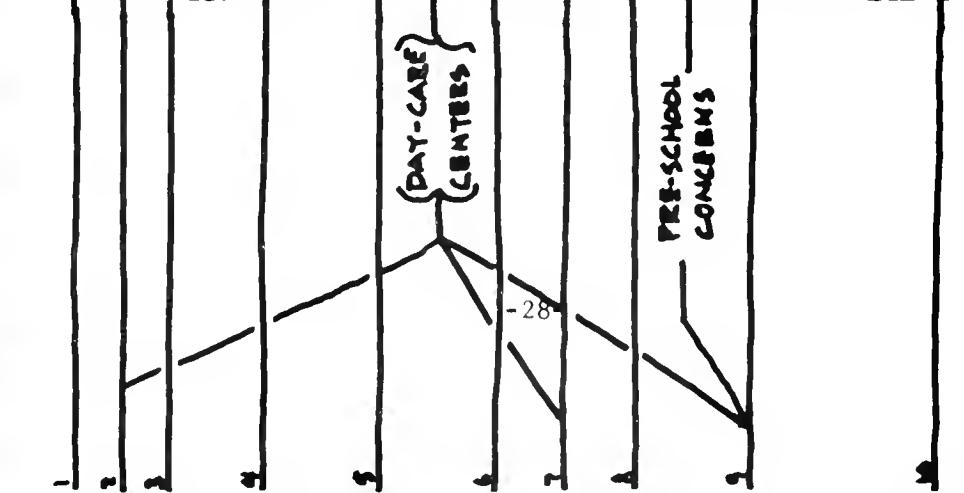
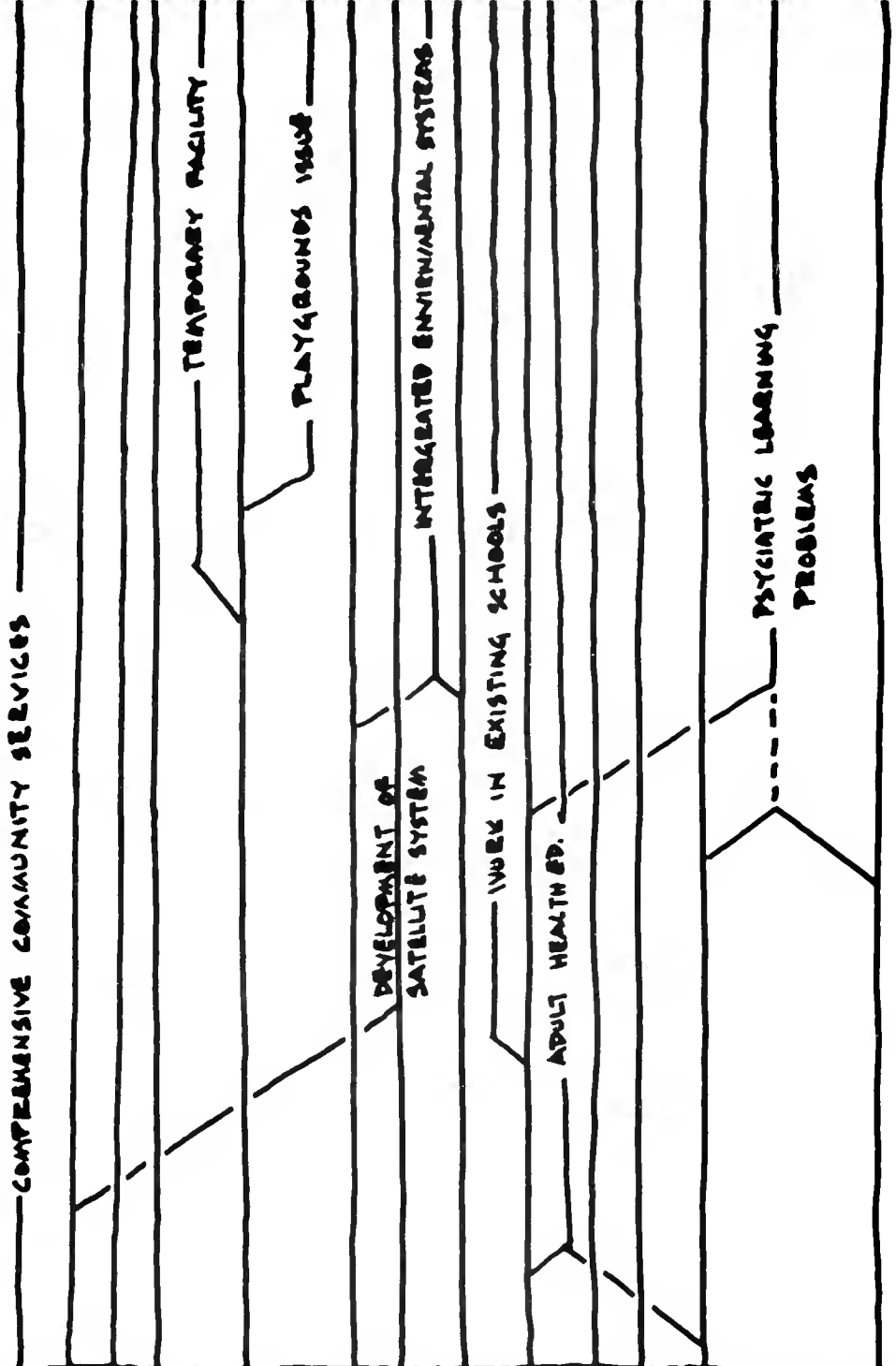
DEVELOPMENT OF PROJECT
NOV. '66 - NOV. '67
DIAGRAMS 9D -

9D



JUNE

DEVELOPMENT OF COMMUNITY SCHOOL CONCEPT DIAG.



IV.

**STATUS OF
THE PROJECT
AS OF
NOVEMBER, 1967**

IV. STATUS OF THE PROJECT AS OF NOVEMBER, 1967

In order to give a detailed report on the status of this project the work will be divided into five major sub-headings.

A. Medical

1. Pilot Project

A - Medical
B - Educational
C - Recreational
D - Residential
E - Community Service

In October 1967, \$110,000 was granted to the Boston School Department as part of a larger Title III funding,¹ and subcontracted to the Tufts-New England Medical Center for the purpose of experimental screening all children in grades K-3 in both the existing Abraham Lincoln and Quincy Schools. A copy of that proposal is included in Appendix 2 of this report.

This limited pilot program is a three year operation with grades K, 5-8 being covered in the second year and then the entire school district in the third. Viewed as the first transitional step towards a comprehensive community health-care program, this project is crucial as it is the first innovative move to be taken by the Quincy School Project staff. The results of this effort will provide a great deal of information to the planning staff and will direct the health aspects towards broader and more comprehensive programs.

The following is a report by Dr. Sydney S. Gellis, Pediatrician-in-Chief of the Boston Floating Hospital and Co-Project Director on the progress of this program:

"Under the terms of the operational grant, Dr. William Rothney, who is Board certified in both pediatrics and psychiatry, is the Operational Director of the Quincy-Lincoln School Operational Project. Because of the need to move very slowly and delicately into the two school systems, Dr. Rothney's assignment to date has consisted of developing lines of communication within both schools in order to familiarize the present Superintendents and teachers of the hopes and plans of the project. Owing to the fact that many of the teachers may feel threatened by the imposition of the Tufts-New England Medical Center personnel on the existing schools, Dr. Rothney has been asked to make clear to all teachers that the medical and paramedical personnel who will be involved with the project will attempt to complement

1. Grant number OEG 3-7-704123-5189
Project number 67-4123

the work of the teachers and to aid and assist them in every way possible in determining which children are presenting with school problems and will profit by attention from the medical personnel. It is the hope of the project that with the passage of time, the teaching members of the school system will recognize that the project will in no way threaten their proposed teaching methods or goals. It is our hope that by developing a very close relationship with the educators, not only will the teachers learn of the benefits to be gained by discussions of the learning, speech, and reading disabilities in their pupil population but that the members of the Tufts-New England Medical Center will, in turn, develop a much greater knowledge of the problems which confront the educators in their day-to-day management of normal school children together with problem children.

A health coordinator for assignment to the school has been obtained and will be available after the 1st of January to work closely with Dr. Rothney. Much of the future contact between medical personnel and the educators of the Quincy and Lincoln Schools will hopefully be carried out through this coordinator.

The Speech and Hearing Department of the Medical Center is now ready to direct and take part in speech and hearing screening of the children from kindergarten through third grade in both schools. A screen audiometer is on order for this work.

As soon as Dr. Rothney feels that program is ready and the health coordinator is fully familiar with the situation, complete physical examinations will be undertaken of the children in the indicated grades at both schools. These will be carried out by residents from the Pediatric Service of the Tufts-New England Medical Center under the direct supervision of Dr. William Rothney.

Discussions have been held with Dr. Count D. Gibson and Dr. Hyman Shrand of the Department of Preventive Medicine of Tufts University School of Medicine. Agreement has been reached that the geographical boundary under which the Department of Preventive Medicine is now operating its Home-Care Program will be shifted to include the areas of Boston from which the children from the Quincy and Lincoln Schools come to the schools. It is proposed that children who are absent from school because of illness will be seen in

their homes by the Home-Care Program which will make available to Dr. Rothney's group information concerning the illness, circumstances within the home which may bear on the performance of the child within the school and needs of other children within the home in connection with preparation for school or particular health problems.

Children who through the efforts of the educators, coordinator, pediatricians and Dr. Rothney, are found to have special problems in the areas of organic disease, speech and hearing problems, reading disability, learning disability and intellectual or emotional difficulties, will be referred directly by the Tufts-New England Medical Center group operating within the schools to specialty clinics of the pediatric services at the Medical Center. Studies carried out in these clinics will be summarized and reported back to the health coordinator and Dr. Rothney for implementation."

2. Community Care

Because the long range goals of the T-NEMC and the Quincy School Project is a comprehensive health-care plan for the Castle Square-South Cove area, the basis for such a program is under development within the Medical Center.

Again, Dr. Gellis comments on the progress of this aspect:

"Concomitant with the interest on the part of the Medical Center in the children in the Quincy and Lincoln Schools is the hope on the part of the Medical Center by way of its planning and operational grants to become deeply involved with methods of motivating the residents of the surrounding community to the development of interest in good health. Meetings are being held with the leaders of the Chinese community to determine exactly how the Tufts-New England Medical Center can develop health facilities which will be advantageous to the families of the community. In view of the fact that many children who attend both of the present schools are residents of Castle Square, it has been proposed and agreed that the Tufts-New England Medical Center will become closely involved in the health-care for the Castle Square area. Dr. Leon Taubenhau, Director of Health Services for the community, has approved the plan of the Tufts-New England Medical Center to be responsible for health facilities to be made available to the

residents of Castle Square. Dr. William F. Maloney, Dean of the Tufts University School of Medicine, is responsible for correlating the various services, pediatric, adult medicine, surgery, obstetrics and gynecology, and dentistry for Castle Square. Preliminary meetings have been held with the officials speaking for the Castle Square area's health problems to determine the types of facilities and location which will be most suitable for the residents of the area. Preliminary conversations have been held with the people involved in mental health to alter the existing geographic boundaries for mental health care so that Castle Square area may be included in the Tufts Mental Health Program. The Department of Preventive Medicine has expressed its willingness to extend its boundaries for Home-Care program to include the Castle Square area. This area, presently in the jurisdiction of the Boston University School of Medicine Home-Care Program, is to be released by the Department of Preventive Medicine at Boston University to the Department of Preventive Medicine at Tufts.

The Quincy School Project aims to provide not only good health facilities for the Quincy and Lincoln Schools, grades kindergarten through three, the Chinese community and Castle Square area but proposes to develop an educational program for the adults and their families in these communities designed to promote good health throughout the existing communities. It is felt that the most likely method of attaining this objective will lie through health education and care of the children in the school systems through whom contact can be made with the parents and other members of the families."

3. Medical Facilities for the new Quincy School

a. Day Care Center (s)

✓ A plan to develop a series of day-care centers and well-baby clinics throughout the South Cove and Castle Square area is being investigated. The facility to be located within the new Quincy School operation would act as the central day-care center for the area in terms of staffing and administration. These would be jointly administered by the T-NEMC and the Boston School Department and staffed primarily by the community people. ✓

b. Pediatric Clinic (out patient)

In order to screen and follow-up certain children and to observe all children, a small pediatric and dental clinic

will be developed for the new Quincy School. Open to the community but directed at these school children, this would have examination and first aid equipment and be staffed by Tufts-New England Medical Center personnel.

c. Environments for the Handicapped

See Section IV B - Educational, page 44.

d. Child Development and Related Fields of Research

Throughout the new building, facilities will be provided for observation and data recording so that many areas of medical research may be conducted. Researchers would also have access to the various technological aids that are foreseen for the building.

B. Educational

1. General

As stated on page 5 of the Introduction, the principle intent of the project is to develop the Quincy School as a community resource. By providing as many alternatives as possible to students and community, the educational process may be "individualized" to the extent that potential learners may have a greater decision-making role in their own education than is now possible. If the learning process can be tailored more toward an individual's requirements, then the learning environment can acquire a resource capability rather than being merely a fulfilled requirement.

The project has been active in five basic areas of investigation, the results of which are summarized here.

2. Organization

a. horizontal-Diagrams 10 and 10a, pages 40 and 41.

b. vertical-Diagram 11, page 42.

c. inclusion of Abraham Lincoln School

The present Quincy School built in 1847 is one of the two buildings in the Abraham Lincoln district. (See page 15 for demographic data). In its time it played an innovative role as the first graded school in the United States. Today it is almost 100% Chinese. Because the new Quincy School would depart from traditional educational methods and because all of the graduates of the 6th grade of the Quincy

attend the Lincoln for grades 7 and 8, the recommendations to include the Lincoln School in all considerations was clearly justified. The new Quincy School would become the K-5 school for the entire district while the Lincoln would be 6-8 for the entire district. This proposal also meant the inclusion of the Castle Square housing project into the catchment area of the planning project. Children from this area are already attending the Lincoln School in increasing numbers. The pattern developing there of a balanced mix of white, negro and Chinese children is close to that anticipated for the new Quincy School.

3. Work in Existing School

The following is a report by Lonnie Carton, Ed. D., the educational specialist for the project on the progress of work in the old Quincy and Lincoln Schools:

"The possibility for implementation and evaluation of the proposed social science-language arts program in the existing Quincy and Lincoln Schools was sharply curtailed when, contrary to expectations, financial support from Title III funding was not granted as of September, 1967. Nevertheless, a momentum of professional faith in this innovative urban project has in part filled the fiscal vacuum. Members of the Tufts-New England Medical Center staff who were responsible for this project, together with graduate students in elementary education from Tufts University, and several members of the Boston School Department drew out those objectives which seemed feasible under the resulting limitations:

a. Children

1. To develop social responsibility and greater living efficiency in the children through concrete experience, both social and vocational, within the home and the community.
2. To resolve some of the evident language handicaps by developing more efficient communicative skills in the essential areas of listening, speaking and writing.

b. Teachers

1. To provide new educational tools, resource aids, teaching techniques and practice in their development, adaptation and evaluation. (In its major substance, this initial step is viewed as

a prototype for change; the social science-language arts curriculum is considered a catalyst for other proposed innovative programs.)

2. To stimulate teacher awareness of community mores and, through greater understanding, to develop more positive feelings of respect for culturally different families.

c. Neophyte Staff

1. To provide a natural setting in which prospective teachers (under supervision) may observe, understand and participate in the teaching program specifically designed for urban children, in the hope of attracting new personnel into the field of urban education.
2. To aid the cooperating teachers in developing and experimenting with the new curriculum and teaching methodology.

Initial implementation of Part C began on September 20, 1967, with the prolonged interviewing and screening of over thirty prospective elementary teachers-in-training. The purpose was to select six individuals possessing the strong desire, academic capability, social and emotional maturity, and drive required for successful functioning as student-teachers in inner-Boston. It was jointly agreed by the school administrator in charge of practice teachers and by the educational specialist of the project that six placements represented an optimal number with which to begin.¹ An agreement more difficult to reach concerned the centralizing of the six neophytes in the Lincoln and Quincy Schools. Subsequently, it was learned that common practice demanded the dispersion of a University's quota of student-teachers into several schools and that the centralization of Tufts' student-teachers under a single University supervisor was unique.

-
- 1a. This number represented a manageable learning teaching center, one that is large enough to stimulate diverse comment and questioning, but small enough to give each student-teacher full voice and concentrated attention.
 - b. This number could encompass almost the full range (K-6) of the elementary grade spectrum.
 - c. It could provide a viable measure of comparisons within and between the school (s) (presuming that three student-teachers would service each school.)

*Lincoln School
is not yet a
middle-school
these 2 points
conflict bec. the
other school (Lincoln)
is 6-8 grades;
range is
K-8 with only
6 teachers
not all
grades served.*

Before and during the screening of student-teachers, meetings were held with the principals of the two schools and their teachers in order to orient them to the total proposal and, specifically, to gain their acceptance of working with student-teachers. In addition, the first-and second-grade teachers were briefly¹ reoriented to the social science-language arts materials which would be used in the curriculum. In open discussions questions were answered and apprehensions allayed. Concentrated efforts were made to obtain the following concessions from the teachers:

1. To increase the customary eight-week period of observation and community orientation by student-teachers preceding the eight-weeks of full-time supervised teaching.
2. To insure the active participation of student-teachers with regular teachers in a team-teaching approach in the new social science curriculum.
3. To schedule a series of orientation meetings on a weekly or bi-weekly basis in order to plan, discuss and evaluate the new curriculum.

Despite the time and effort devoted to explanation and orientation, it was not an altogether easy task to secure six volunteer teachers out of the thirty-eight in the two schools who would assume the responsibility for a student-teacher. Unfortunately, only three of the six first grade and second grade teachers were either willing or qualified to accept student-teachers.² Because of these limitation, coupled with inadequate materials (funding), as well as general resistance to change, it was agreed to start pilot programs in only four of the six first and second grade classes with one student-teacher in the Quincy School being shared by two cooperating teachers and one first and one second grade class in the Lincoln School participating in the new curriculum. Another first and second grade class in the Lincoln School were designated as control groups.

On November 1, 1967 the six student-teachers were assigned to their cooperating teachers and began their ten week period of participation in the Boston Schools. Each student-teacher is individually supervised once a week, followed by a conference. In

¹ The materials for the new curriculum had originally been given out and discussed with teachers in June 1967.

² Only teachers holding tenured positions are "qualified".

addition, two seminars are held after school hours: one for the six student-teachers to provide an opportunity to discuss such questions as urban problems, culture-shock issues, teaching techniques, home-community exploration; the other one for all thirty-one of the student-teachers together. These seminars provide a broad spectrum of educational philosophy and pedagogy from Newton and Lexington to Medford and Boston, from non-graded to self-contained schools and from antiquated school facilities to newly built structures.

Specific orientation of the three student-teachers to the social science-language arts curriculum preceded their actual full-time teaching internship which started on November 15, 1967. This orientation was directed by the educational specialist of the pilot study.

While insufficient funds precluded the purchase of the necessary minimal materials for the new curriculum, by the end of November such supplies had been "begged, borrowed or stolen" and a meeting had been organized for the participating first and second grade teachers, their student-teachers, the educational specialist and the Assistant Director of Elementary Education Curriculum for the Boston School Department. The cooperating teachers, while promising close supervision and team development, voted to give the student-teachers complete responsibility for initiating the new curriculum.

In addition to the operational team-teaching a weekly meeting (taped in its entirety for the purpose of data accumulation and analysis) is held for the three participating student-teachers and the educational specialist. It is at this time that planning, analyzing, evaluating and replanning is done in an effort to assure a successful outcome for this emerging curriculum. The Boston School Department has committed 145 minutes of school time, previously designated as language-arts time, in which to carry out this program. Soon an art specialist is expected to serve as a resource person to the teachers involved.

All six of these student-teachers have expressed their appreciation of this urban assignment and have registered to take the Boston Teachers Examination as a prerequisite for trying to obtain a teaching position in Boston in September.

Regarding the goals of Part a, it would be premature to credit this program or any other with resolving language handicaps or developing solid living-efficiency communicative skills. However, significant strides seem to

introverted?

have been made in the areas of active rather than passive participation of the youngsters in learning experiences, and in their ability to interact with peers and teachers in a responsible way. Since the arrival of the student-teachers, and their full participation in the teaching-learning experience, the first-and second-graders seem to have become less extroverted, less prone to sit expressionless and voiceless, and less inhibited in their voluntary questions and comments. Previously, the passivity of the students had been noted by the cooperating teachers who attributed it in large part to the bi-lingual difficulties. It is too early to draw conclusions but it may well be that the classroom environment, coupled with the dearth of concrete curriculum material to which they could relate, was an important factor. For, in essence, this acculturation program is an unstructured one geared to the youngsters' cognitive and affective understandings. Thus, it minimized that frightening pedagogy of right-wrong, pass-fail, good-bad, by substituting an opportunity for free expression and interest-motivated listening patterns.

In addition, some credit for the initial evidence of success must go to the in-put of extra patience, effort and love which the student-teachers in the classroom have generated, as well as the apparently relaxed attitude of the regular teaching staff resulting from the concentrated services provided by the student-teachers.

Also, it is too early to evaluate the impact of this pilot program on the administrative and teaching staffs of the Quincy and Lincoln Schools, but this much is implied: the unique coalition of Tufts University, Tufts-New England Medical Center and the Boston School Department indicates that changes, by way of innovative individualized, culturally-sound programming, are in the wind. Teachers who seemed most intractable last June now appear to be yielding.

Difficult as it is to affect curriculum innovations, it must be recognized that it is doubly difficult to effect attitudinal change. If feelings and words gleaned from continued and lengthy dialogue between the educational specialist of the project, the graduate students involved, and the teachers in the two schools are not too subjective to be trusted, we can say that evidence is accumulating on the development

of mutual professional respect and the lessening of suspicion of "new fangled ideas" and "ivory tower educators." Frank and continuing discussions between students, teachers, and other school personnel have, at best, stimulated each to analyze and reassess his educational philosophy, methodology, and social consciousness, and to continue the search for that homeostatis between realism and idealism which marks the accomplished professional. At worst, these confrontations may seem to have solidified the difference of opinion on both sides. However, since even the defense of a position demands that it be brought into the open, this itself must be regarded as incipient change. It can hardly be denied that the fresh, uncynical perspective which these young graduate students bring to bear on their associates will serve as an asset in either the short or the long run, or hopefully, in both.

Lack of staff and funds have caused us to postpone any direct penetration into the community. However, each student-teacher is keeping a resource file on the occupation of the parents who could eventually be involved in the social science curriculum."

4. Educational Environments for the new Quincy School

a. General

The organization of the educational environment is based upon the structure outlined on Diagrams 10 and 11. Because of the non-specific nature of the educational directives at this point, the design directives are quite general and deal more with relationships of activities rather than spatial definitions.

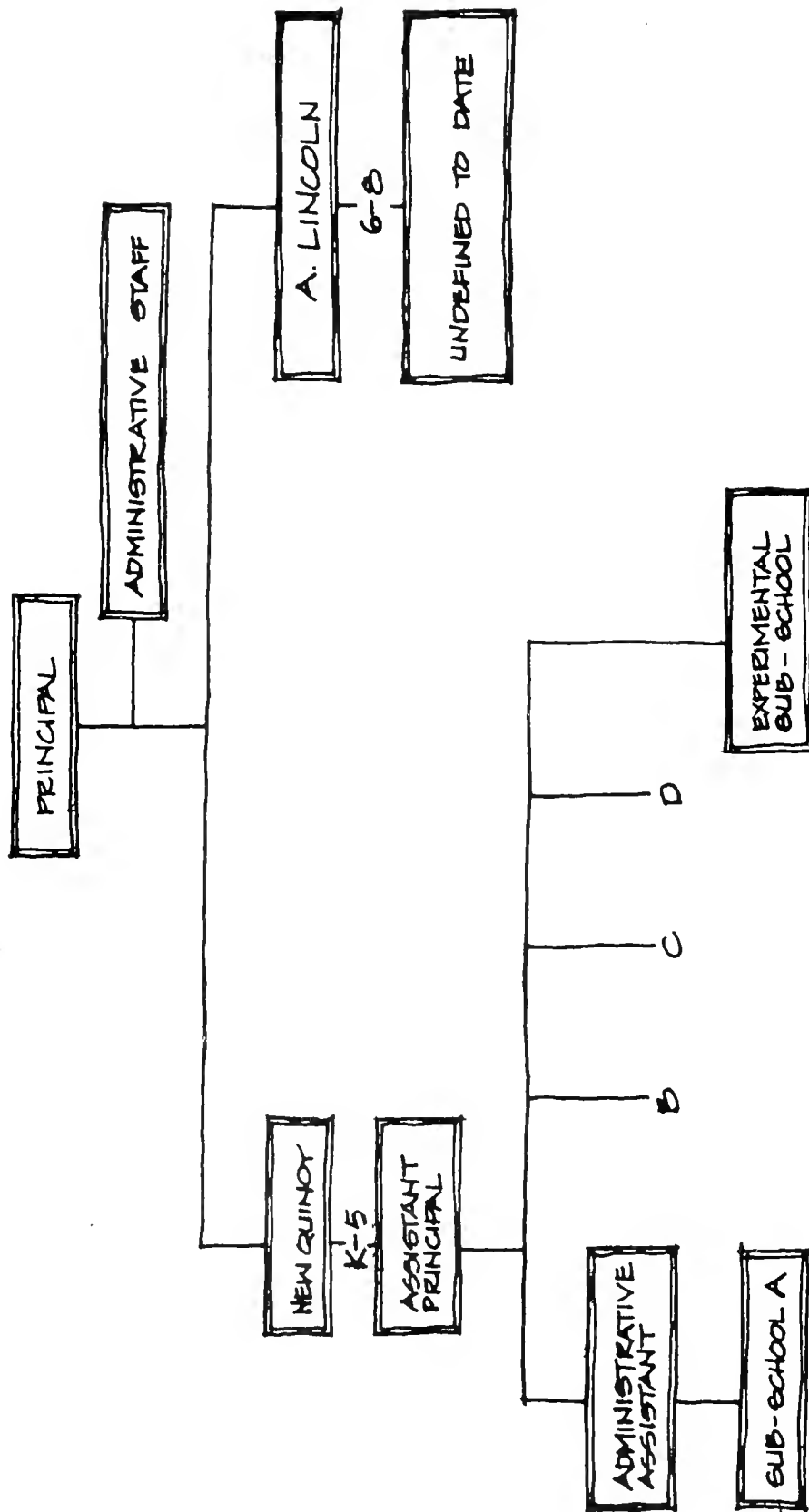
b. Classroom Structuring

See Diagram 12, page 43.

This pattern applies to the standard of classroom environment. Because of the evolving nature of educational methods, the environment must likewise be able to evolve. Therefore, a general pattern of large well-lit spaces with a variety of mechanical and electronic service points is required. Specialized areas may be located at any number of points within this pattern, and as the educational program becomes more defined, the actual programming of its environmental requirements can begin.

DIAGRAM 10

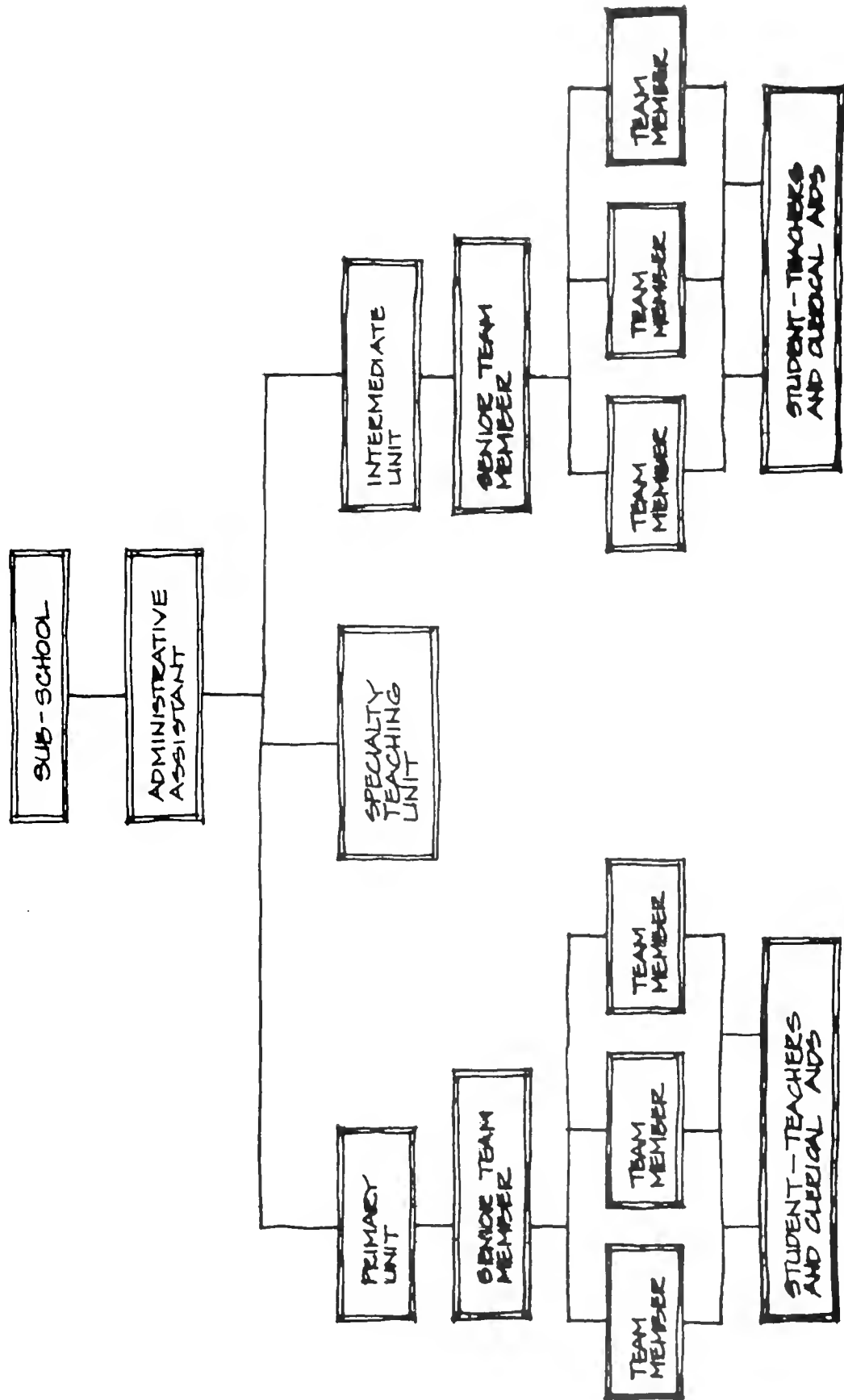
HORIZONTAL STRUCTURE FOR QUINCY-LINCOLN SCHOOL DISTRICT



revised

DIAGRAM 10A

HORIZONTAL STRUCTURE, EXPANDED-ONE SUB-SCHOOL FOR QUINCY SCHOOL



VERTICAL STRUCTURE FOR QUINCY- LINCOLN SCHOOL DISTRICT

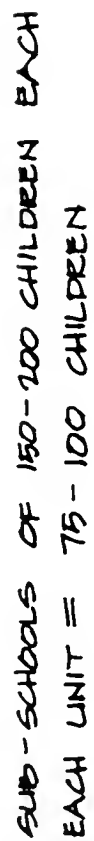
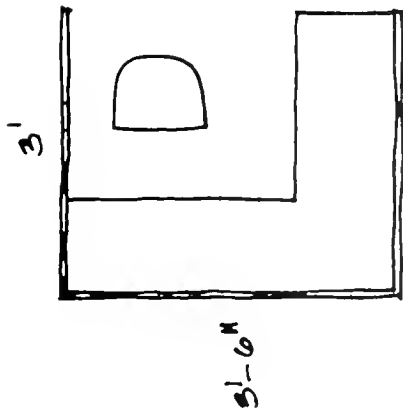
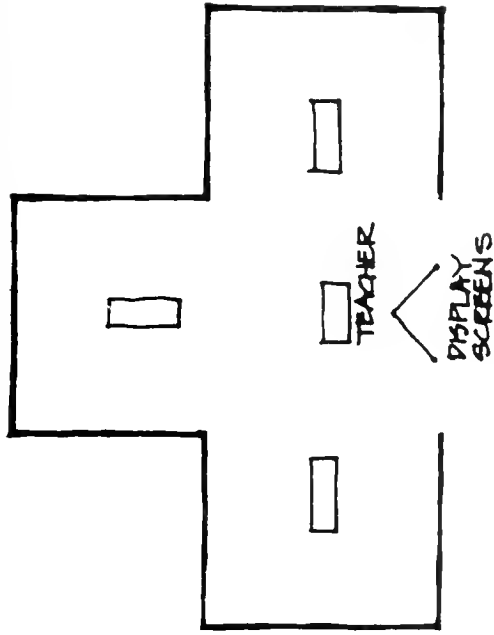


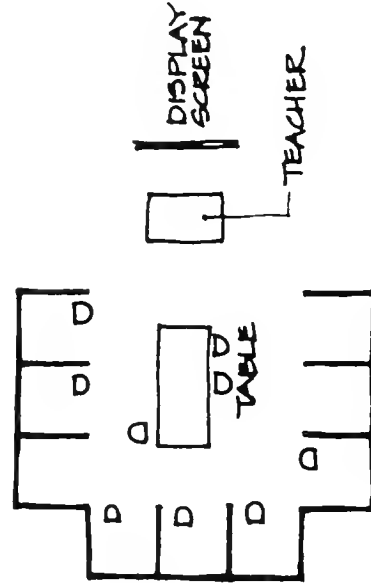
DIAGRAM 12 DEVELOPMENT OF CARREL



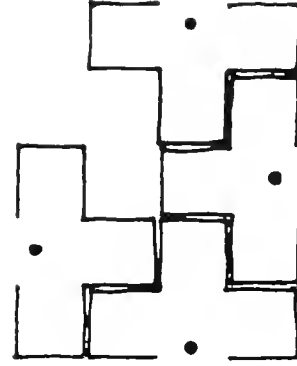
A SELF-CONTAINED STUDY
UNIT WITH MULTI-SENSORY
INPUTS



MAXIMUM GROUP OF 27 FOR LARGE
GROUP FUNCTIONS



AN INTERLOCKED GROUP OF
NINE UNITS ALLOWING FOR BOTH
DEPENDENT AND INDEPENDENT
LEARNING.



POSSIBLE ORGANIZATION OF LARGE
GROUP CLUSTERS FOR A MAXIMUM OF
108 STUDENTS

c. Experimental Sub-School

This unique concept came out of a meeting in April of this year with a number of eminent figures from this area concerned with the educational process of the atypical or handicapped child. Appendix lists the participants. This concept has also received outside reinforcement in the course of the project director's participation on a special advisory group of the Council for Exceptional Children.

The basic premise is that any handicap with which a child may be afflicted can be viewed as a learning problem. Therefore, any child should be able to attend an individualized school who is capable of socializing with another child. The experimental sub-school will provide him with the special assistance or training as he requires it. This area then acts as a resource for teachers who discover various types of learning disabilities in their own classrooms. Because of the relatively small percentage of seriously handicapped children who might be found in any community, the load that might be placed on the specialists required to assist these children would not be great. Because of the number of mechanical aids for this environment, a large number of different disabilities may be dealt with on an individual basis. A child may only need this special kind of attention for one hour a week or at the other extreme may need it continuously. Regardless of his requirements, the total environment will be able to accept him as an individual learner and provide him with the same kind of alternatives that every other child will have.

This concept for the most part dismisses the idea that handicapped children need to be treated as special cases. In a situation where every child is seen as a special case, the educable mentally retarded, the perceptually handicapped, the emotionally disturbed child, or the physically handicapped child are no longer exceptions.

Another aspect of this area is that because of the highly innovative and experimental nature, it becomes a major source of ideas for normal classes. For example, because blind children need to develop their other senses to a higher degree than normal the special methods employed in the teaching of the blind may be adapted to the teaching of all children to develop their own senses. Thus, this area can provide an evolutionary force from within the school itself generating innovation and change, directly.

d. Resource Facilities

The immediate availability of resource materials to the classroom is a major condition in the development of a non-graded school. Technological developments of recent vintage have largely eliminated the problem of duplication of materials for each class area. Computer storage facilities with extensions located within each area will provide direct access for the student to large amounts of information. Book storage will be on two levels: first, throughout the school on an informal and very open basis and second, in a central library which will be able to categorize information and provide a student with special items.

e. Possible arrangements for learning systems. See Diagrams 12, 13A, 13B and 13C, pages 43, 46-48.

f. Adult Facilities. See Section IV part D entitled Community Services

C. Recreational

1. General

As the "community school" concept began to evolve, concern for the physical education and recreation needs of the neighborhood began to crystalize around the possibilities of major recreational facilities being included in the Quincy School Project. Unlike the educational or medical pieces this element could not have a beginning in a pilot program because of the high degree of dependency upon non-existent facilities. As an approach began to develop the decision to segregate the age groups was made and became the principal determinant in the design directives discussed below.

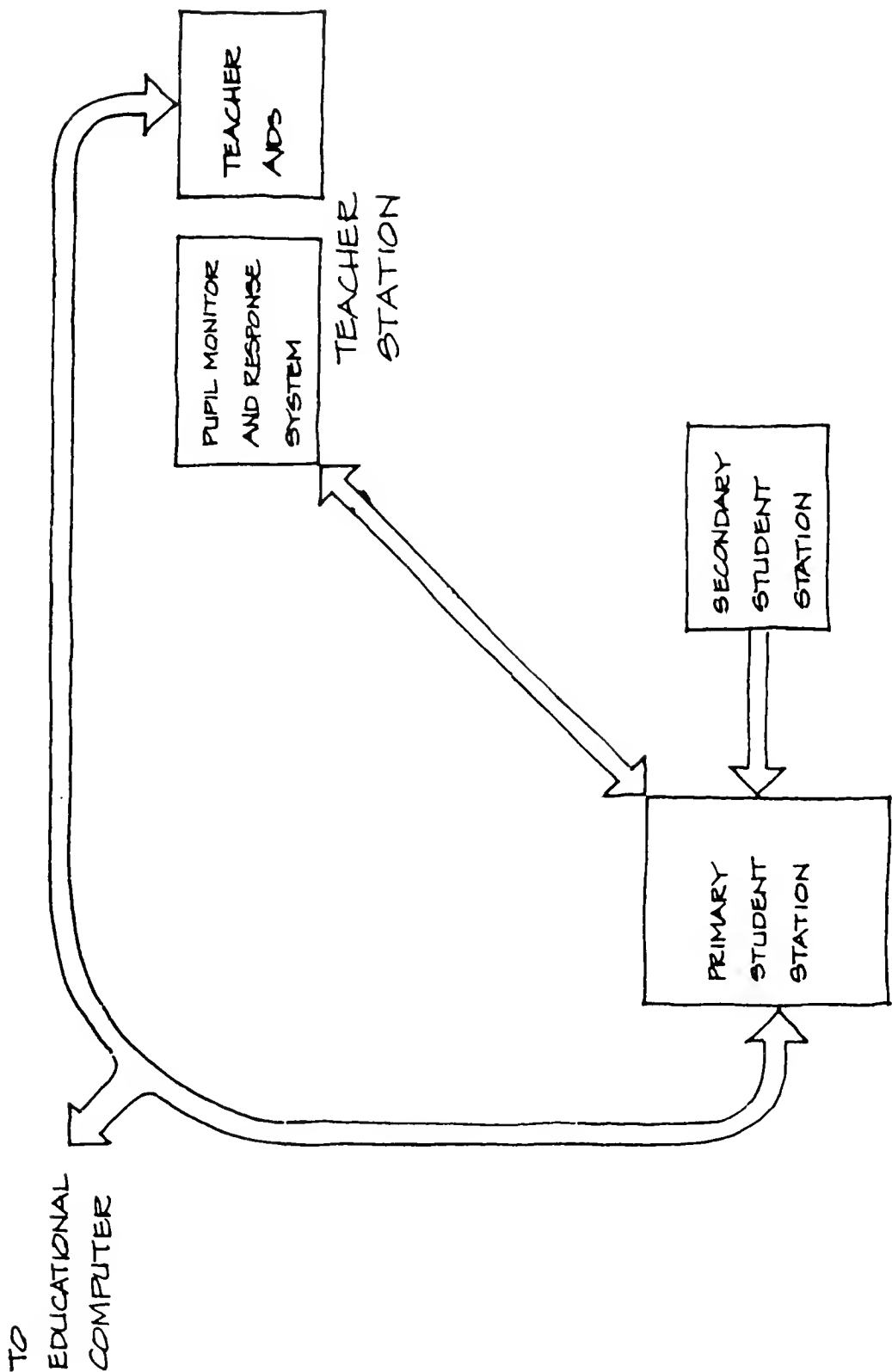
2. School Children

The need is obvious: the present population of the Quincy-Lincoln Schools has no real play or physical education facilities. The BRA, the Y.M.C.A., and the T-NEMC through the mechanisms of the South Cove Recreation Committee had begun to develop tentative concepts as early as 1966. As a result, this became an area of innovation for the Quincy School Project. With the later inclusion of the Lincoln School, the estimated student population reached 1,200, all of whom had to be served in this respect by the new school.

3. Programs and Facilities

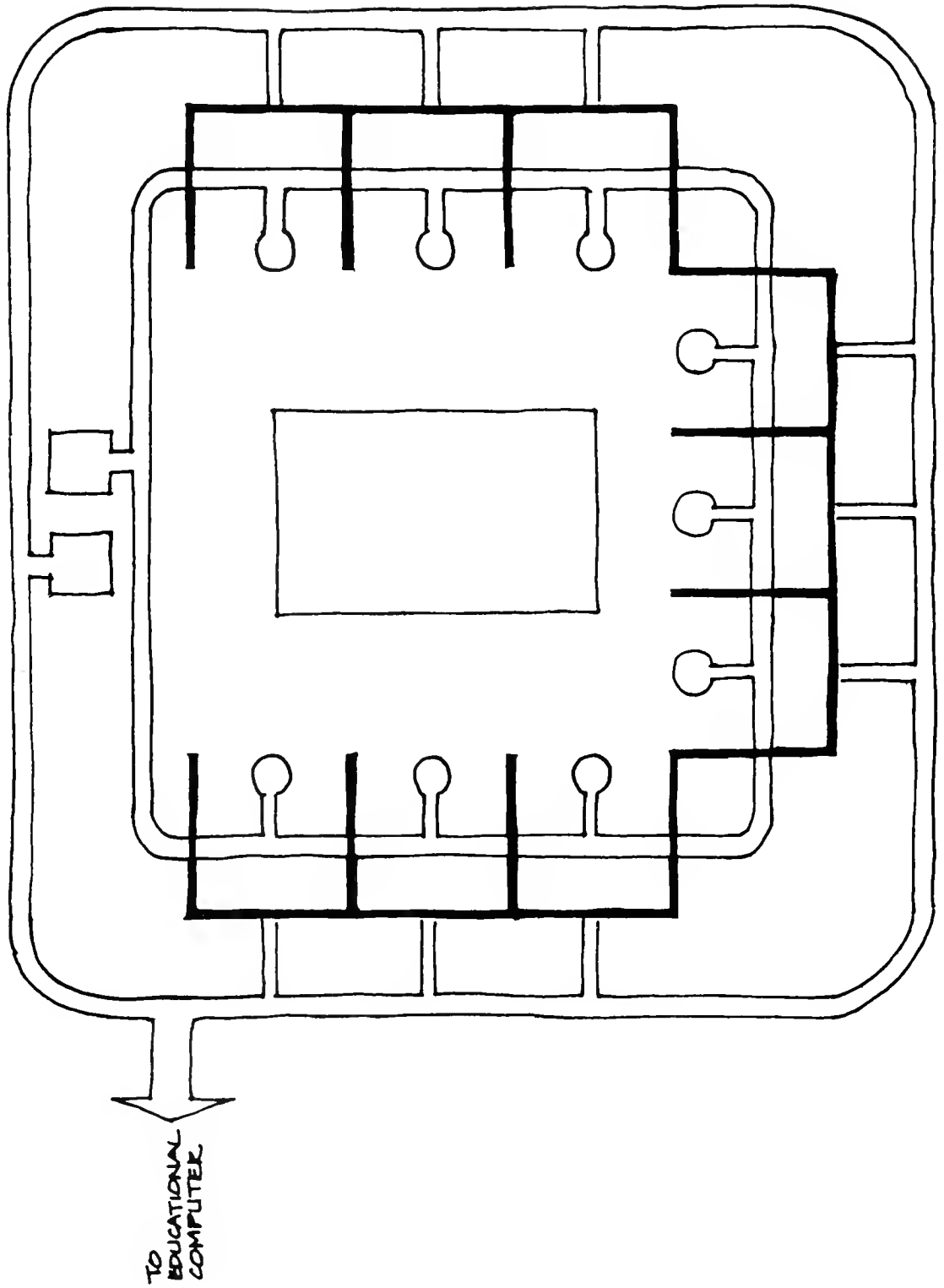
Very little has been done to date as to the kind of programs which would best serve this group. In the early attempts to

DIAGRAM 13A



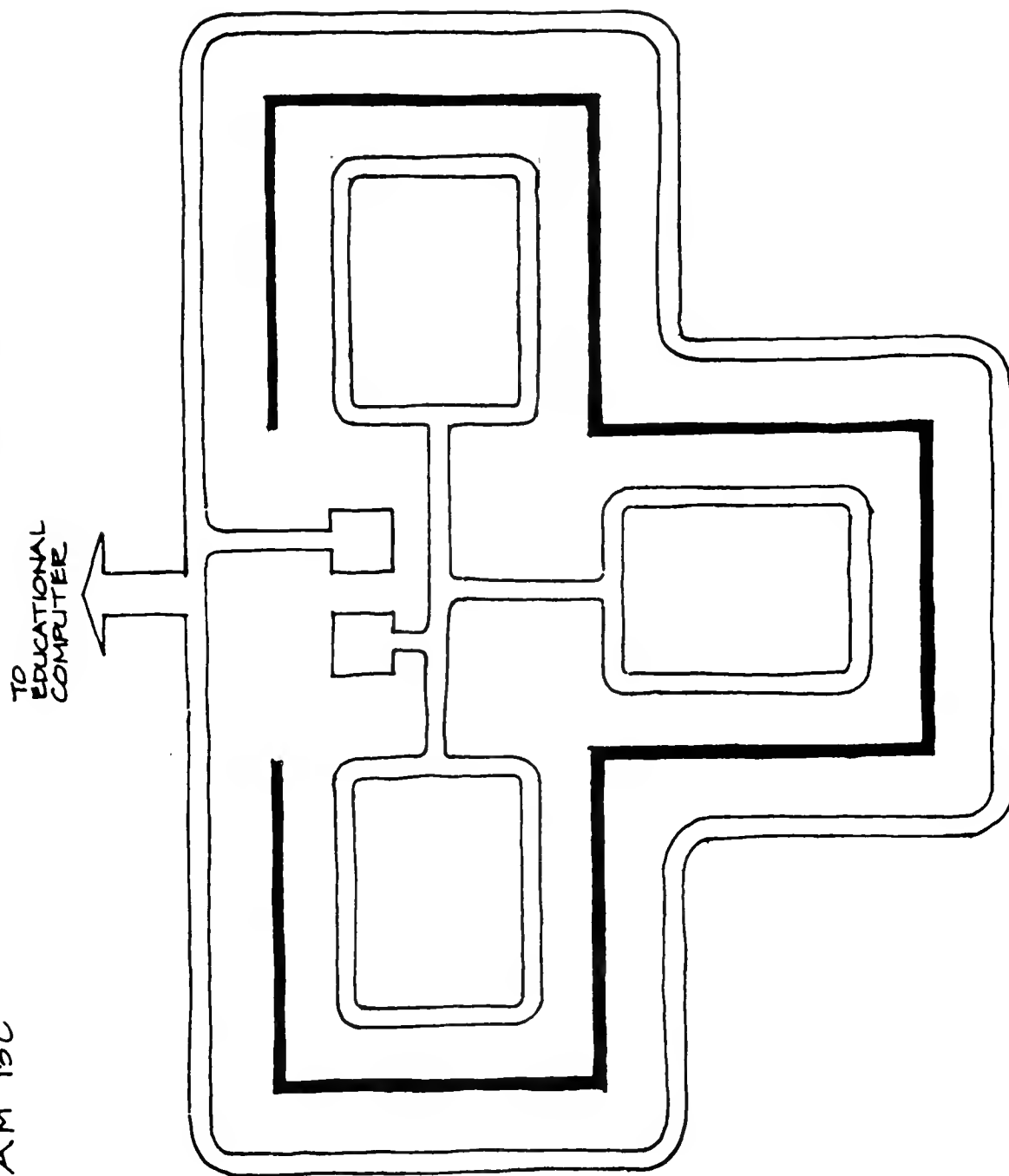
SINGLE STUDENT

DIAGRAM 13 B



GROUP OF 9

DIAGRAM 13C



CLUSTER OF 27

determine some sense of scale, only traditional sports and activities have been considered. These result in the following programs:

- *2 very large gymnasiums
- *1 full-size pool
- *a series of specialized physical education rooms
- *full support facilities-locker rooms, showers, etc.

Once a more formal investigation of this area begins, this list will undoubtedly change.

4. Community

Since so large a facility was required by the school children, alone, the next step was to determine how this might be used by the community-at-large. To date, the BRA has been able to provide no more than a general set of guidelines as to the total need of the community. However, more specific kinds of information will be available within a couple of months through efforts of the BRA and the Y.M.C.A.

Through the Recreation Committee, some specific bits have been utilized and are listed below:

a. Community Meeting Rooms

Because of the large scale development of the area, many formal and informal neighborhood organizations need bases for operation. Storage areas, meeting rooms, etc. could be on a time-shared basis. These rooms could also act as special classrooms for adults should the regular school environment prove unacceptable.

b. Playground

Regardless of the configuration of the building, the roof area should prove to be large enough to contain a sizeable playground. This would be directed primarily at the children in the school below but would also serve the tenants occupying the house piece of the project.

5. Temporary Facility

One direction that has been developed in a pilot nature is the concept of building a temporary demountable fieldhouse in the South Cove area. The Y.M.C.A. and the members of the Recreation Committee are proceeding with investigations into the type of structure which would be most suitable. The site has already been picked by the BRA and the types of activities, primarily athletic, have been generally programmed. With a completion date of late 1968, this structure will act in lieu of the new

Quincy School until its anticipated opening in late 1970 or early 1971.

D. Residential

Because the Medical Center has not yet produced a program for this housing pending further studies by the Quincy School Project, this piece is not yet clearly definable. Based upon the earliest studies a tentative figure of 120 housing units of two, three and four bedrooms for middle income tenancy has been suggested. This housing is to be developed by the Medical Center for the purpose of providing apartments for medical professionals. The site was chosen by the BRA early in South Cove planning and was based on the fact that the original figure of 350 students for the new Quincy School would not require all of the land available in that block. This site commitment remained even though the size and scope that the school encompassed, expanded, since such housing is acutely needed and cannot be placed elsewhere in the area.

The combining of housing with various other forms of activity has been a direction in urban design for many years. The feasibility of such an approach including the urban school is being widely studied. The project staff, in attempting to deal with this problem, has found that any attempt to carry out this direction must recognize the basic legal hurdles that must be cleared. A residential function is primarily a private activity and as a result must be clearly separated in use and management from an environment designed primarily as a public or social activity.

The common ground must be within the domain of the public environment.

The exact nature of this interface has not yet been determined, except in terms of the joint use of basic systems, circulation, mechanical, electrical, etc. As the programming of the new Quincy School develops, however, this relationship will become more clearly defined.

E. Community Service

1. General

Accepting the premise that the new Quincy School should be a "community resource" the question of what kind of "stuff" is this resource going to provide requires a definition, in the abstract sense, of the potential role of an elementary school in an urban community. This report so far has dealt primarily with this school in terms of the children who will be attending it as students. However, in order to develop the concept of a community school, the rest of the population must be considered

on equal terms. The role of the school will be discussed in terms of: first, services and second, facilities.

2. Services

- a. Because of the proximity of the T-NEMC, the Quincy School will act as a clinic dealing with the problems of the school children (see pages 29-33) and as an information source. Parents, children or anybody else, would be able to get information related to medical or health-care problems through the school. The school would become identifiable as the consultation point which could act as a referral agency when necessary or as a library. Through the information storage resources available here, a person would be able for example, to gather data on how Medicare works and how they should apply for such aid. A doctor working in the school could retrieve information on a particular family living in the area. A parent might also wish to locate a prescription which had been given previously to his child.

By providing this kind of service at a community reference point, rather than at the Medical Center, persons in the area will have access to information that otherwise would require the time of professional people at the Center. This approach gives a community scale to medical services and will greatly support the Medical Center's future work in the field of community health care.

Supplementing this availability of medical information would be delivery through adult education courses in good health maintenance which would be given by both educational and medical people within the context of the Quincy School.

Finally, a key component of successful preventive health-care is access to the total family setting. The children in the school become a natural communication link to the provision of successful family care.

- b. Educational

Community or adult education is a direct supplementary service which would be provided by the school. Courses in any number of relevant areas such as civil rights, economic efficiency, language and health care will be developed in accordance with the neighborhood's needs. Because the community itself will largely decide on the curriculum material and because the character of the area is changing constantly, this aspect will be an extremely flexible piece of the educational system.

c. Community Agencies

The definition of the school as a community information resource must include agencies whose roles relate to the direct family or personal contact. Welfare, urban renewal, legal, employment organizations would have offices located within the facility and would have the use of the information services present. A person seeking only to have a question answered could do so without taking up the time of personnel. However, should he or she require contact, it is available.

d. Library

Information storage for whatever purpose obviously plays a large scale role in this facility. The character of this library will be described further on; its services, however, are relevant here. First, it will act in the traditional sense - as a place to store books. It would act in the same way as any small branch library. Second, it will be the informational extensions of the aspects indicated above. Third, it will be the principal resource materials center for the school itself. Fourth, it will, in the future, represent the principal link between the Quincy School and other institutions throughout the city. Because of its nature, this facility becomes the main interfacing element between the school and the community.

e. Cultural

If the entire facility is going to act as a piece of the community, the unique aspects of this block of people must have direct expression in its make-up. This aspect has not been fully explored, but a few ideas have occurred.

This school, through its facilities, could be a local mini-Lincoln Center, carrying out various "cultural" functions generated by the local community. A small museum which would have both permanent and changing exhibits, community festivals or fairs, plays or musical performances; this kind of community involvement would be extremely valuable, and as the needs become more defined, this aspect will be further discussed.

3. Facility

a. Recreation (See pages 45&49)

b. Auditorium

Several groups within the community have expressed a need for a large (1200) seat auditorium. Since such a space would be required by the school itself, many possibilities for joint use are currently being considered.

c. Commercial

An unspecified number of commercial elements will be included in the building for the following reasons. First, to act in support of the large number of new housing units and community facilities which are to be built; second, to maintain a level of activity in the building during non-school hours; third, to develop in conjunction with other projects in the area a strong neighborhood commercial base; fourth, to strengthen the tax base of the site.

These elements will be on the ground floor. Precisely what they will be will depend upon the community need and on compatibility with the other elements in the building.

d. Library Facilities

The library as described on page 52 is visualized as having the following elements:

- *a community information-retrieval center
- *a small community reading room
- *a community reference room
- *stacks
- *various electronic display elements
- *a school-oriented reference room
- *a number of school-oriented study areas

This list is incomplete; but as the environmental studies proceed, the actual role that this facility will play will become more defined.

F. Development of Environment for Total Project

1. Symbolic relationship. Diagram 17, page 58.
2. First study. Diagram 18, through 36, pages 59-77.

a. Development of Computer Systems for the total project.

The following is a proposal by the consultant to the project in the field of man-machine interface:

DIAGRAM 14
OUTLINE OF TOTAL COMPUTER SYSTEM

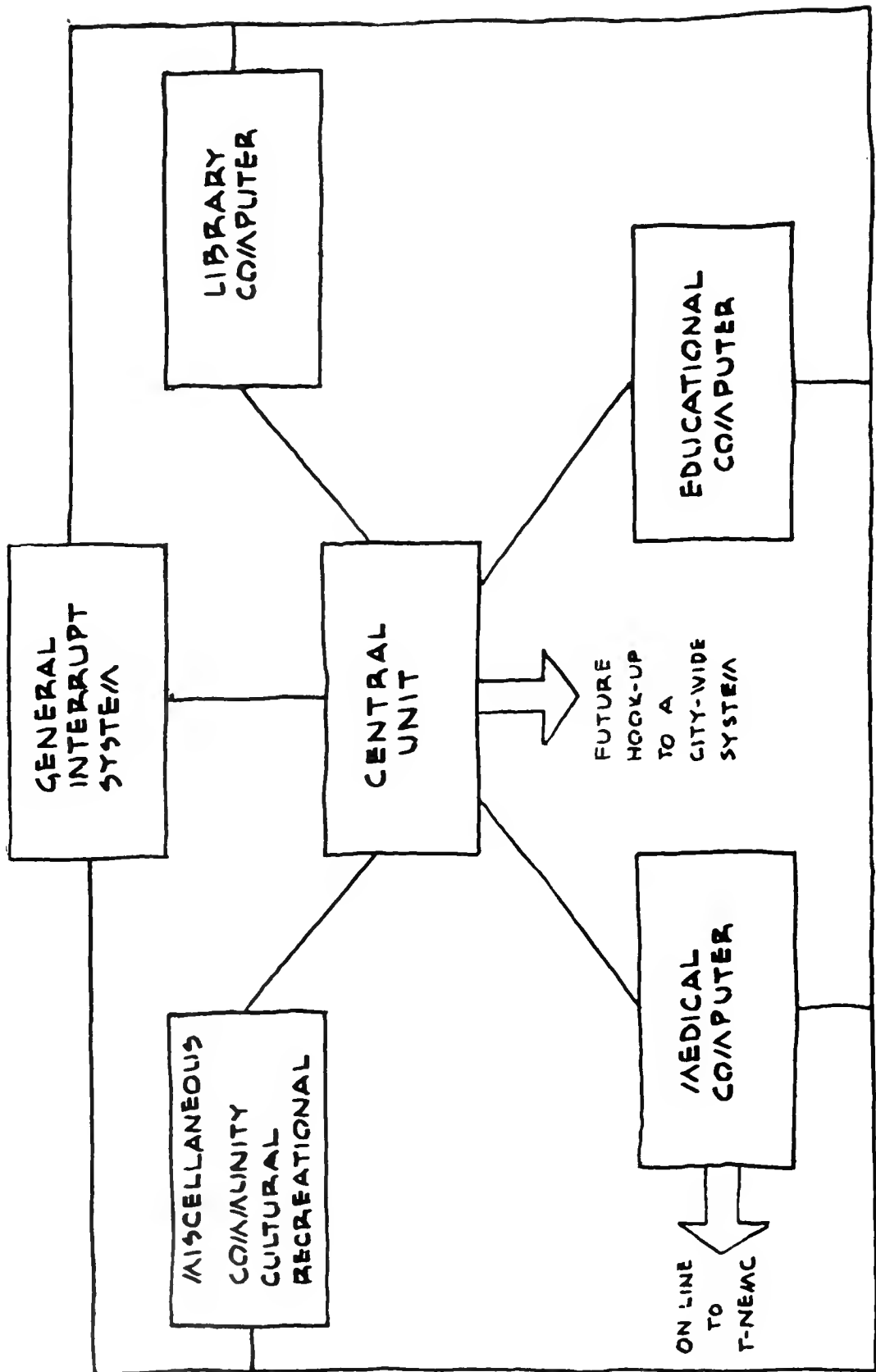


DIAGRAM 15
EXPANSION OF CENTRAL UNIT

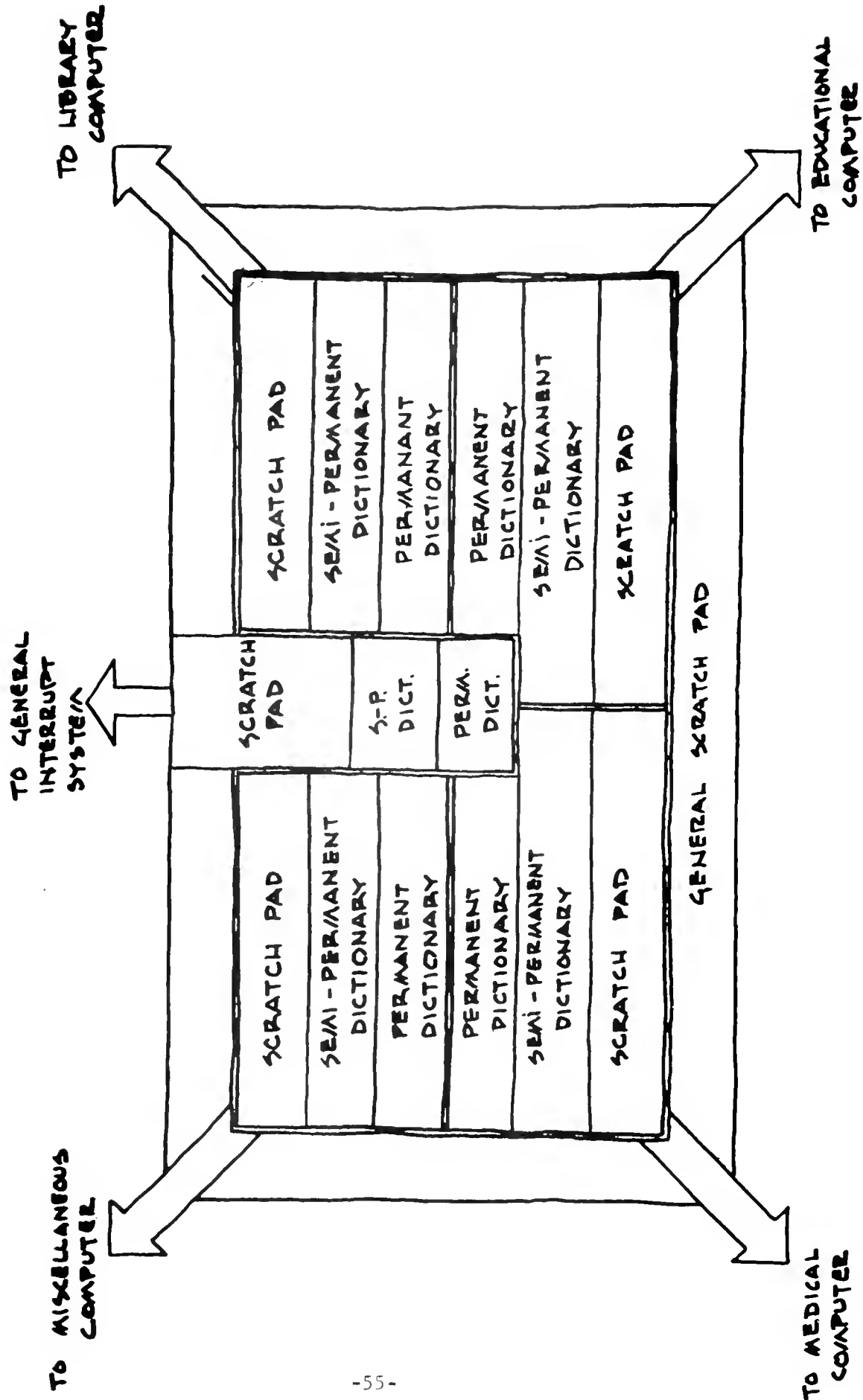
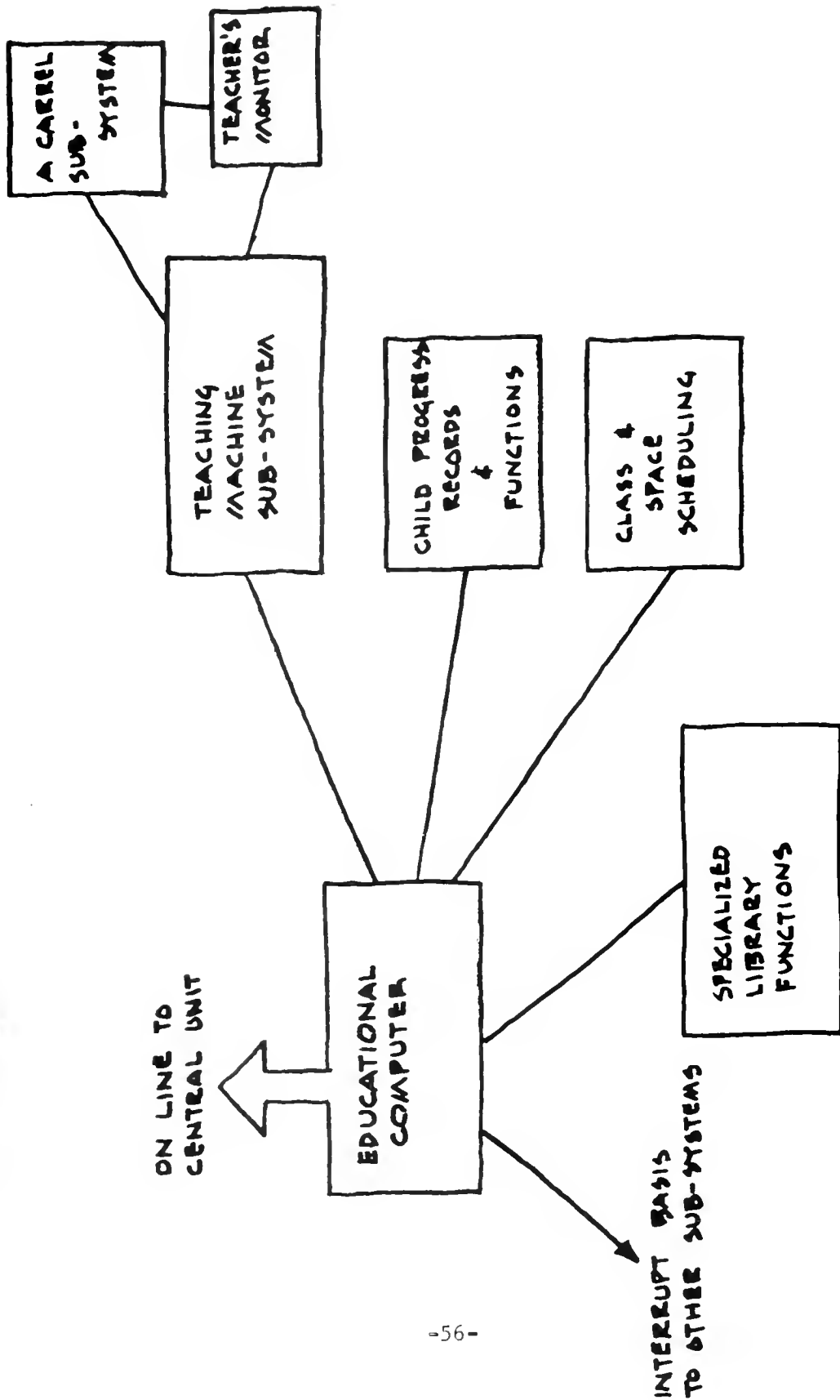


DIAGRAM 16
 AN EXAMPLE OF A POSSIBLE SUB-SYSTEM
 - EDUCATIONAL -



Because of the multiplicity of disciplines involved in the eventual facility, the following system is suggested. The Quincy School is a product of cooperation and acts as an extension of several large organizations. This information system which would be prohibitive because of expense for any single institution, becomes a logical solution for this case. Diagrams 14 and 15, pages 54 and 55 outline the proposed system.

The central unit is primarily a storage center for information, a central time-shared computer facility with back up capability. Its purpose is to allow a more efficient operation of each subsystem computing facility to consist of an inexpensive versatile computer which may in turn be multiplexed in its function as best needed for the duties and problems of the day.

Diagram 16, page 56 suggests the many possible uses of the various subsystems.

The approach is introduced merely as a preliminary direction for exploration and will be examined as to feasibility among other alternative systems that may develop.

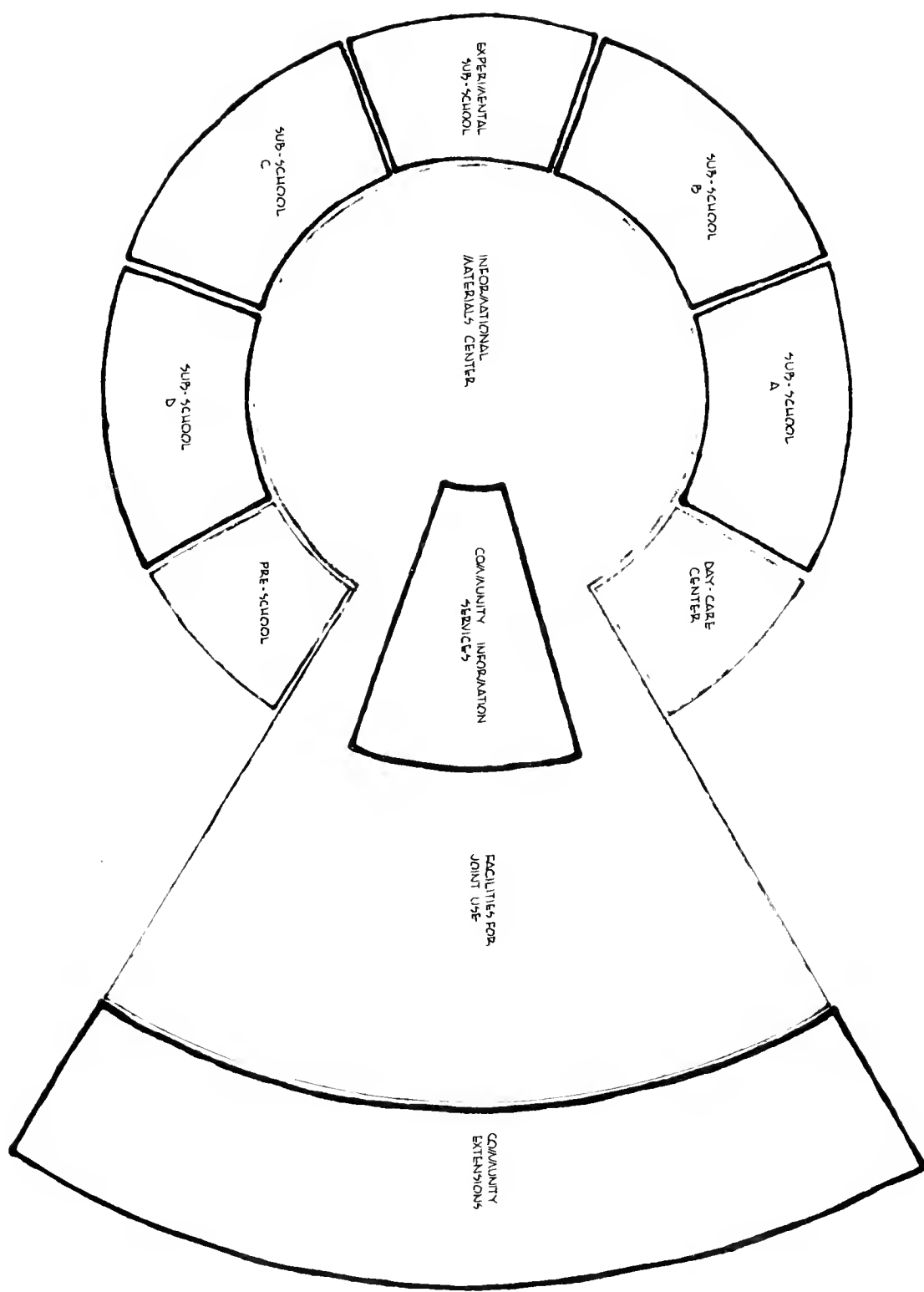


Diagram 17 **Symbolic Relationship**

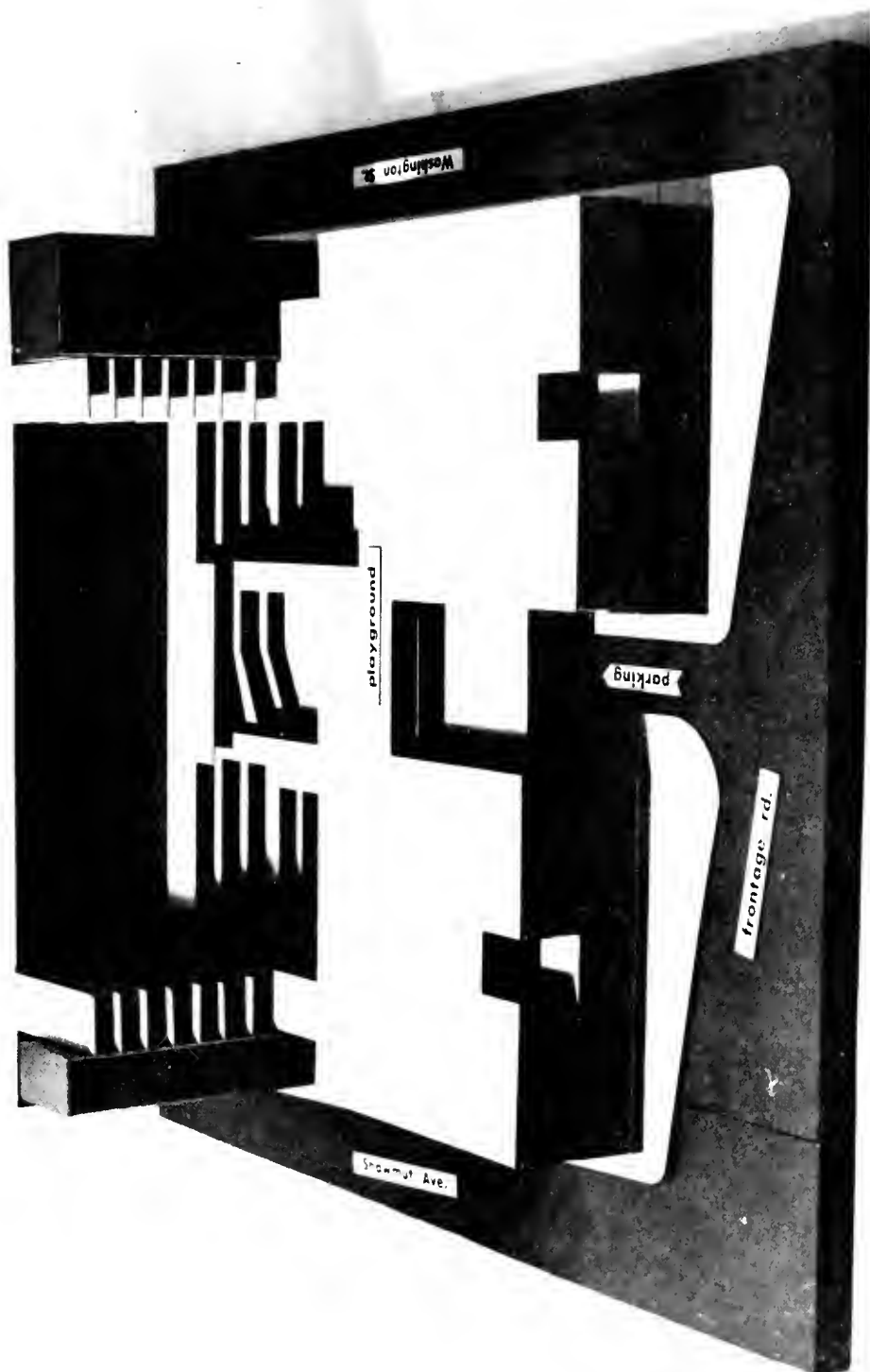
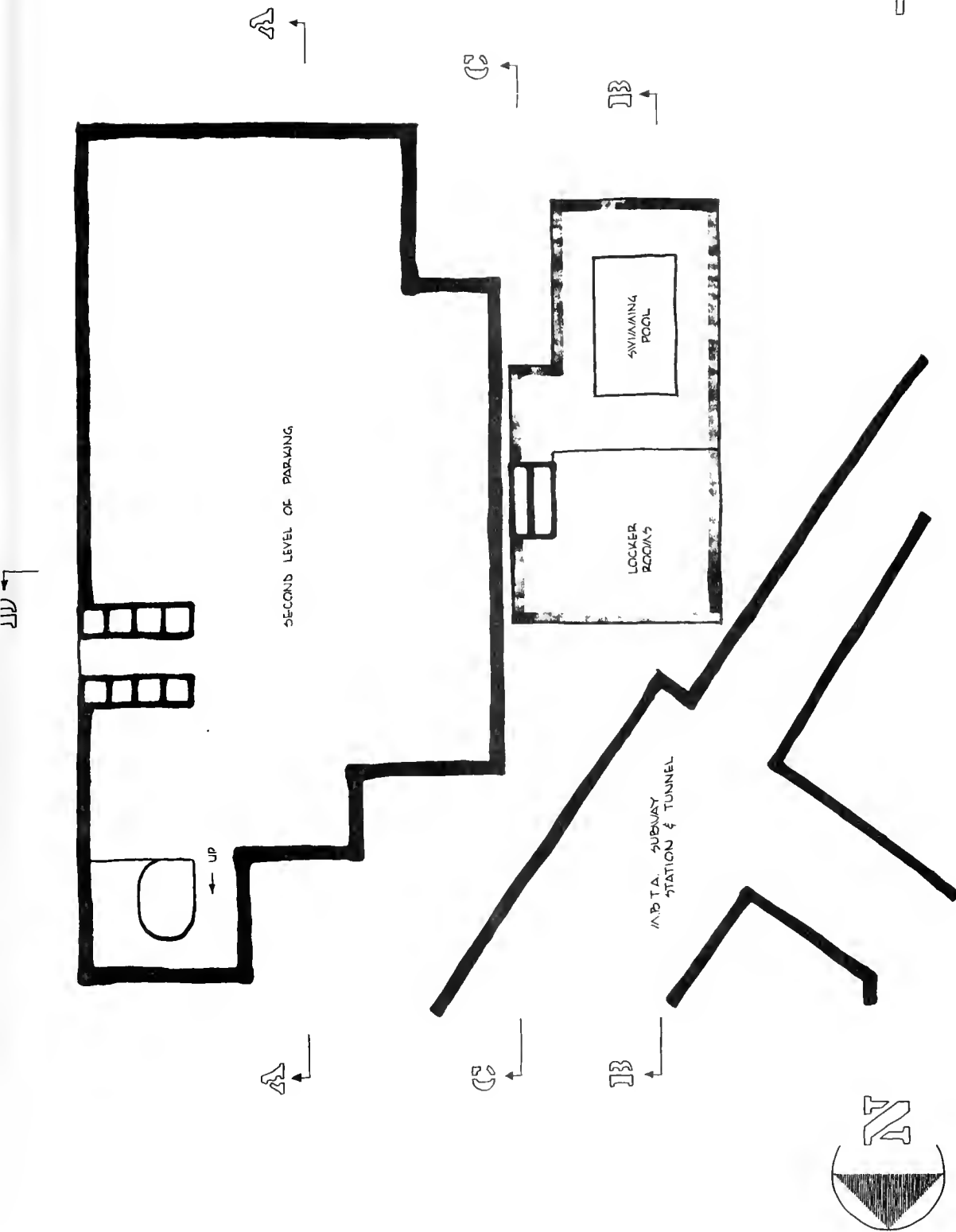


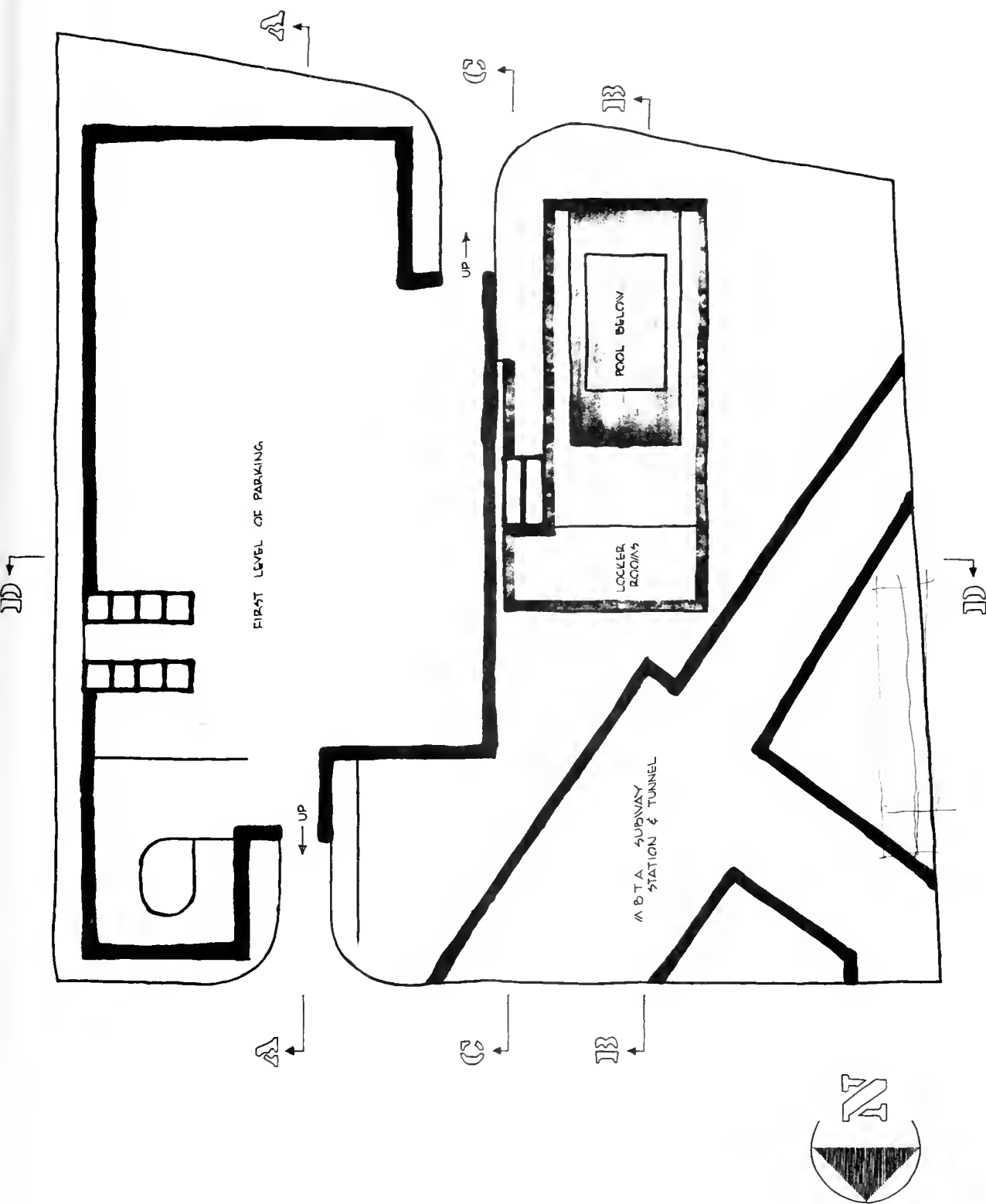
Diagram 18 Overview of model



-15-

QUINCY SCHOOL PROJECT 1

Diagram 19 Plan of lower basement



QUINCY SCHOOL PROJECT 22

Diagram 20 Plan of upper basement



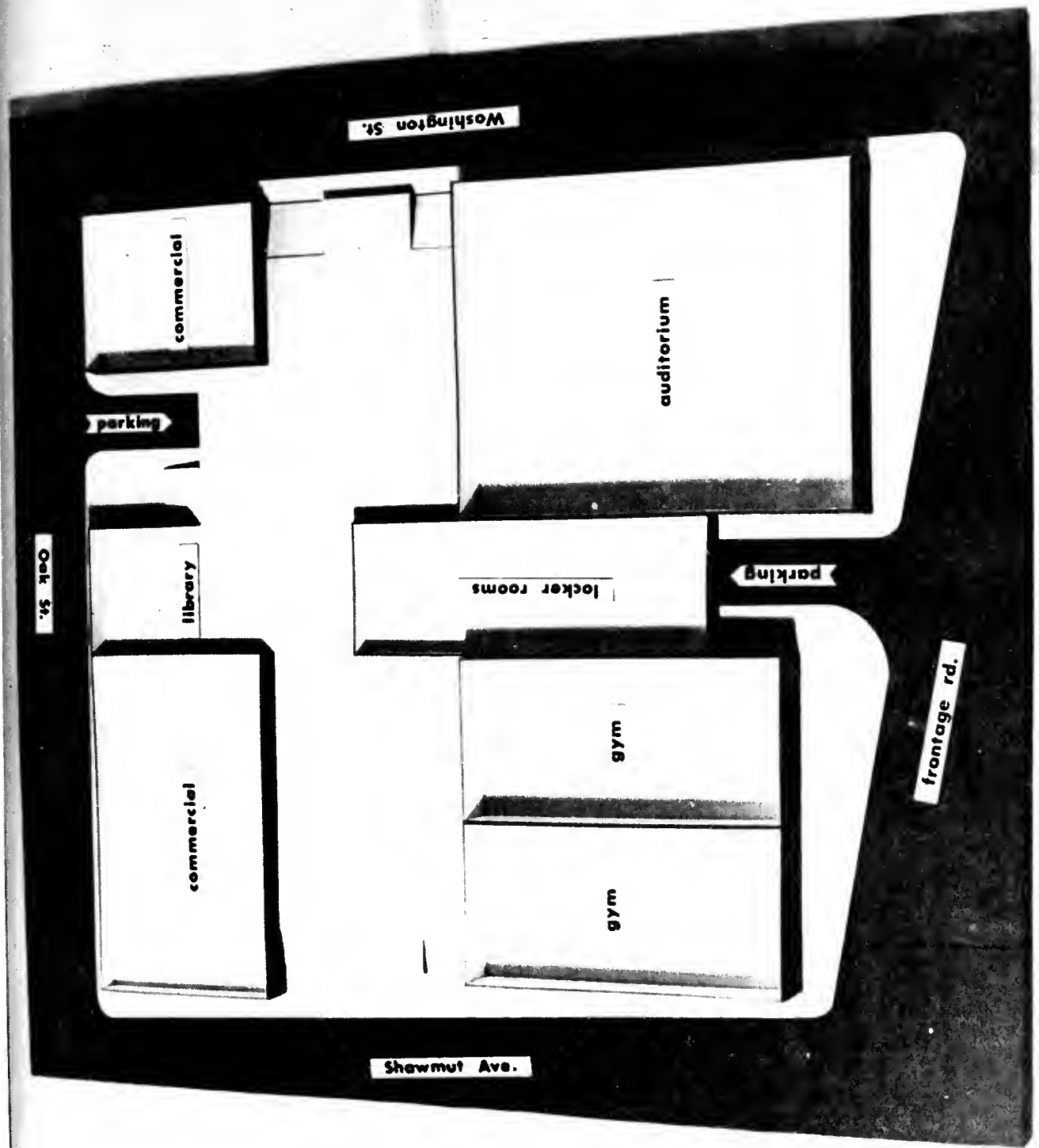
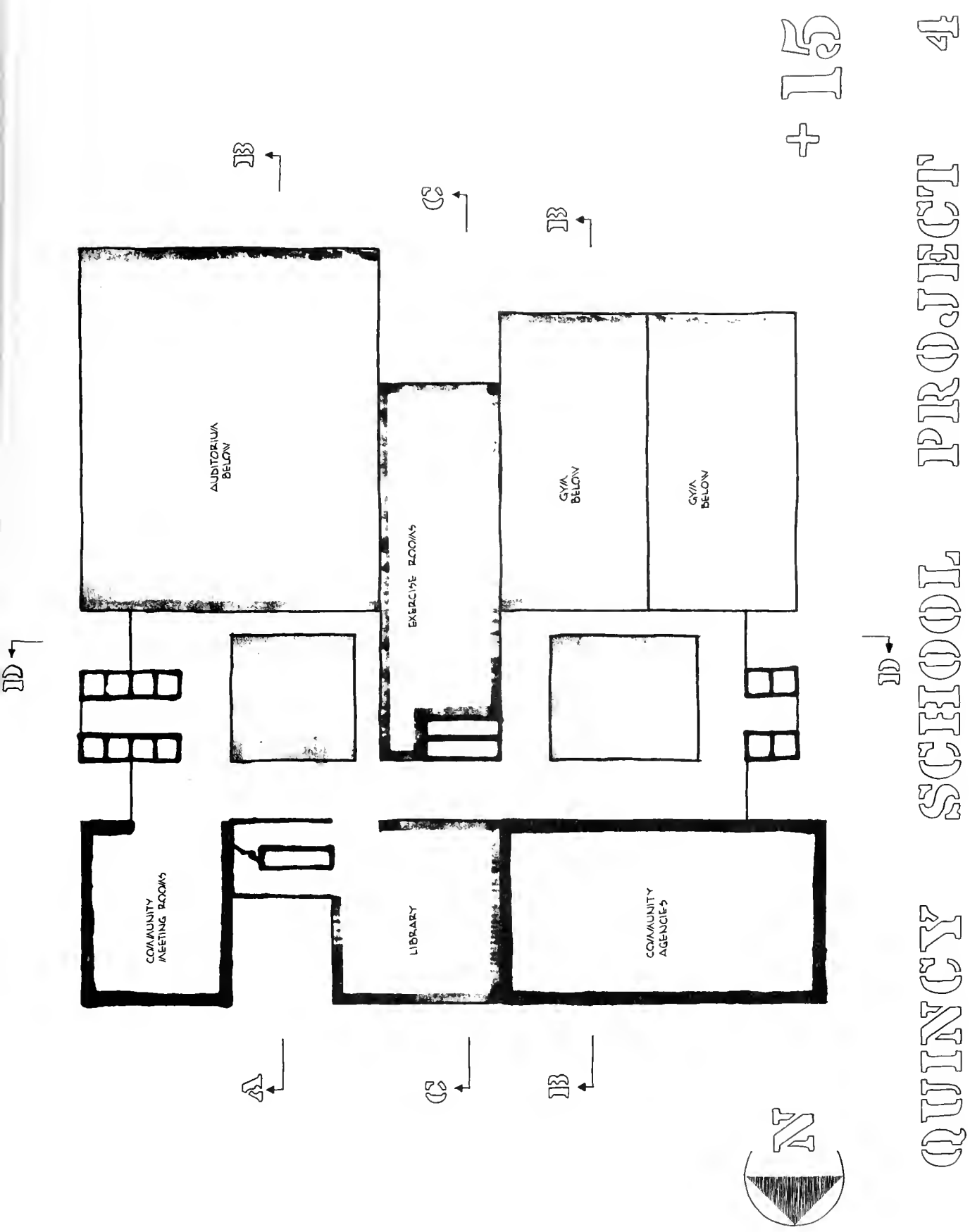


Diagram 22 Model of First Floor



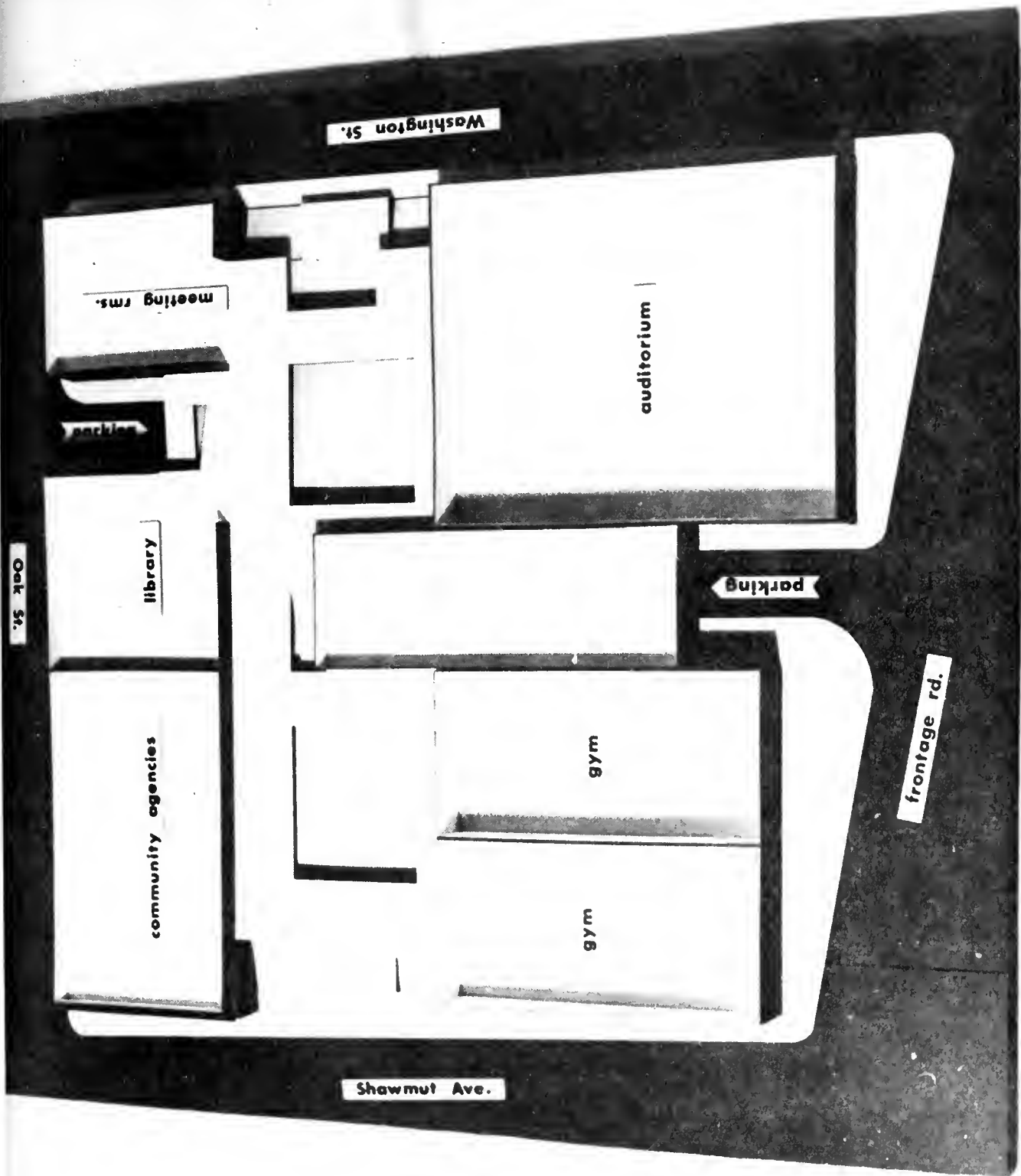
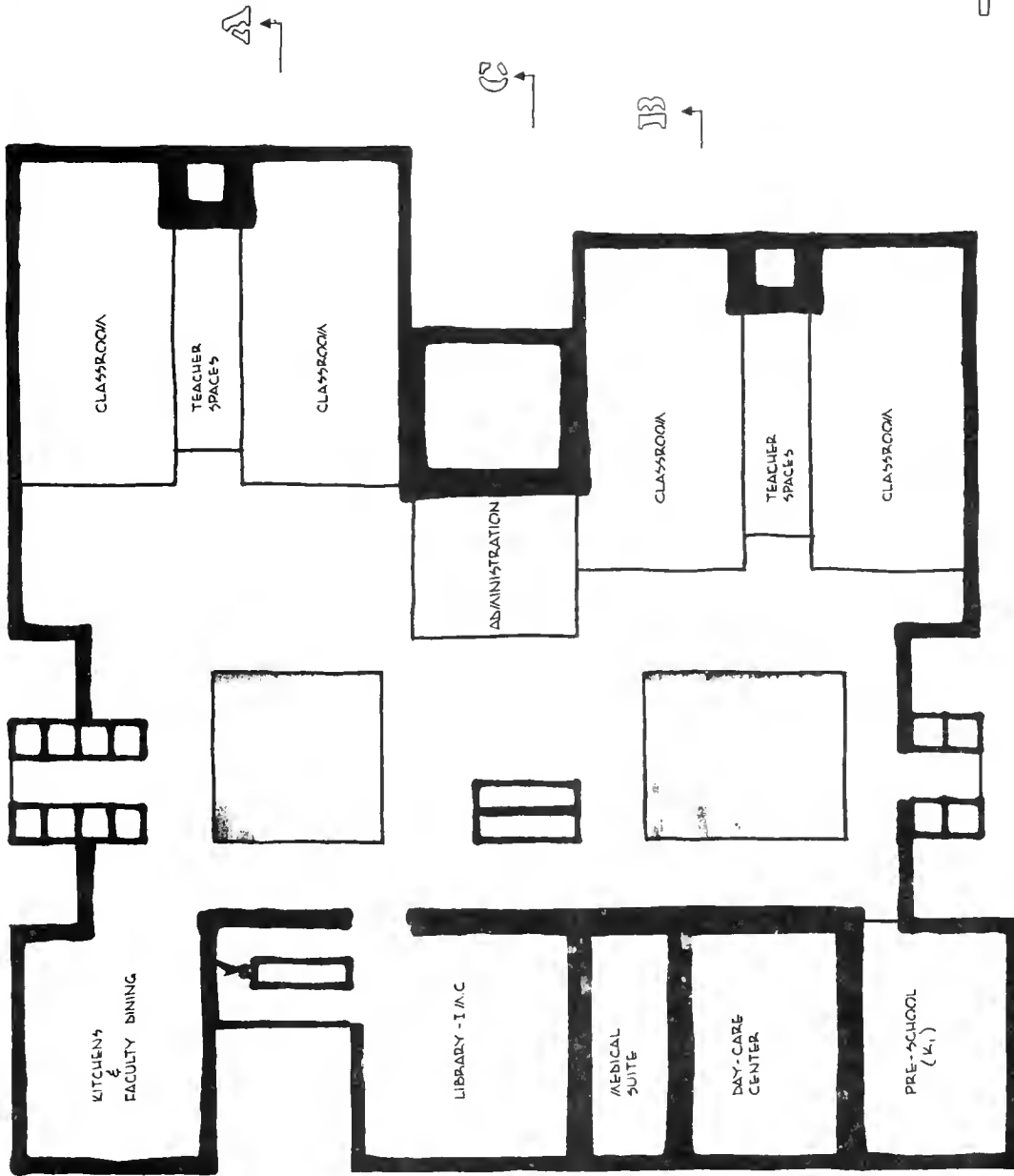


Diagram 24 Model of Second Floor



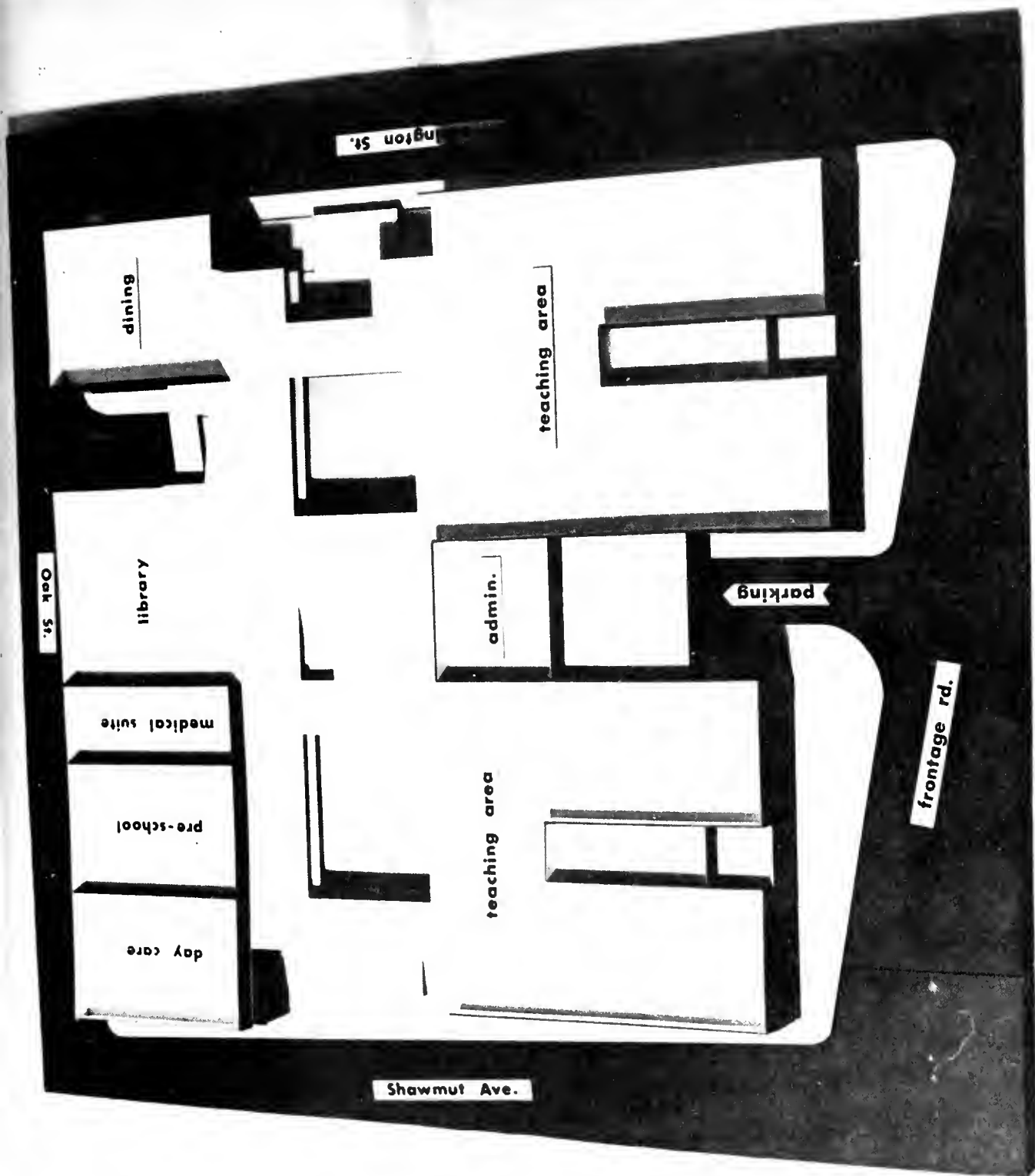
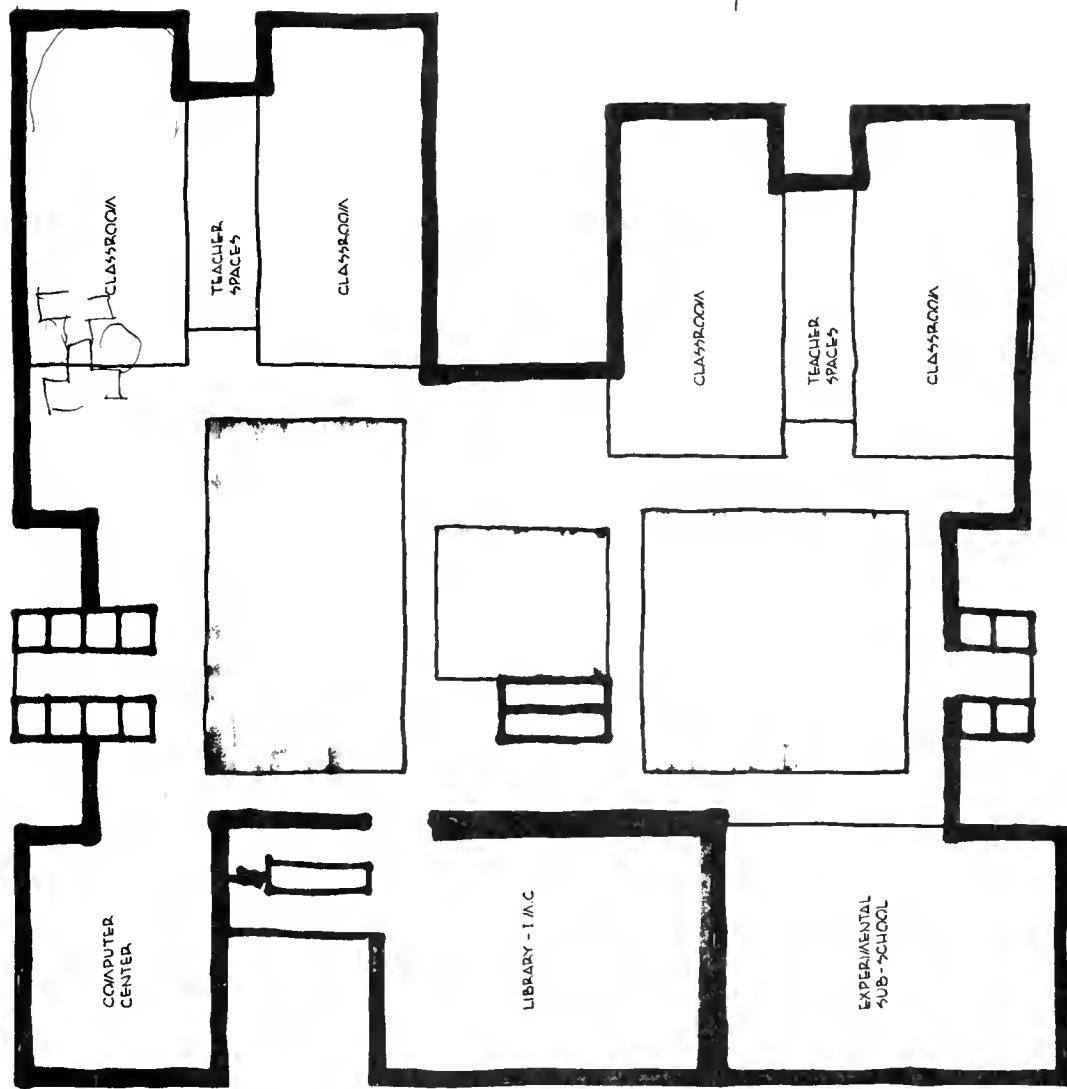


Diagram 26 Model of Third Floor

DD



See next page

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QUINCY SCHOOL PROJECT 6

+35

Diagram 27 Plan of Fourth Floor

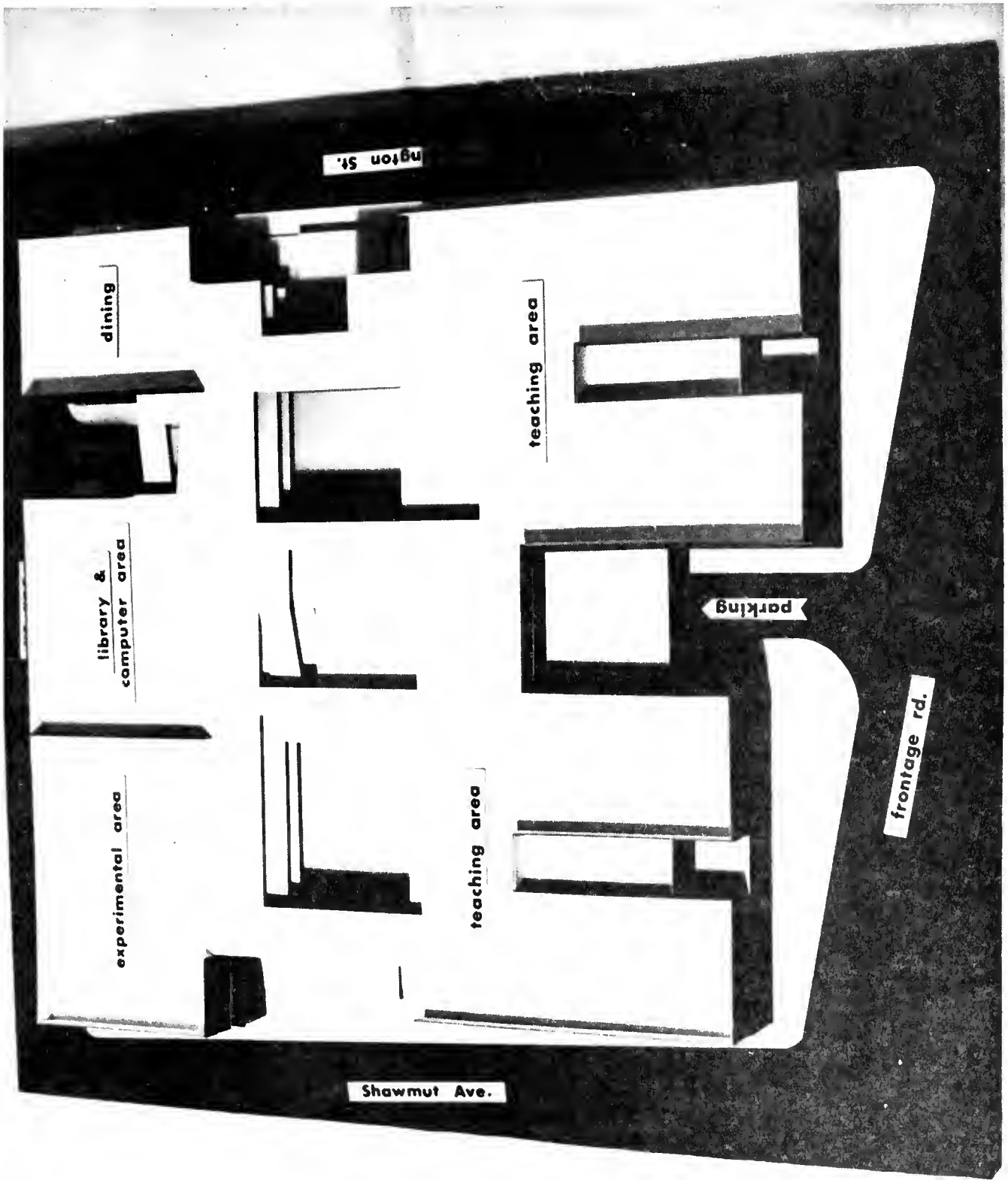
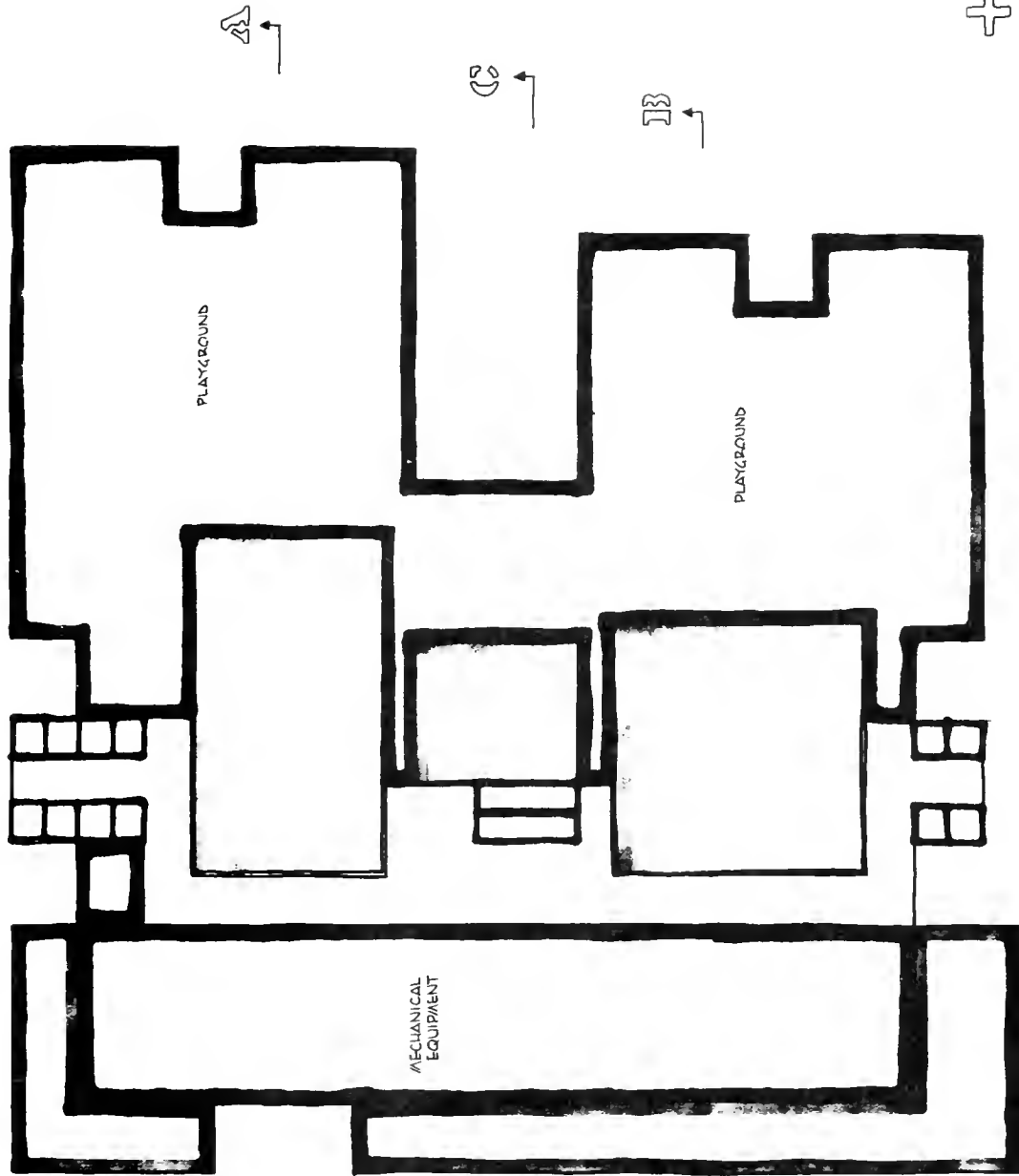


Diagram 28 Model of Fourth Floor

110



+15

110

113

115

110

113

QUINCY SCHOOL

PROJECT 7

7

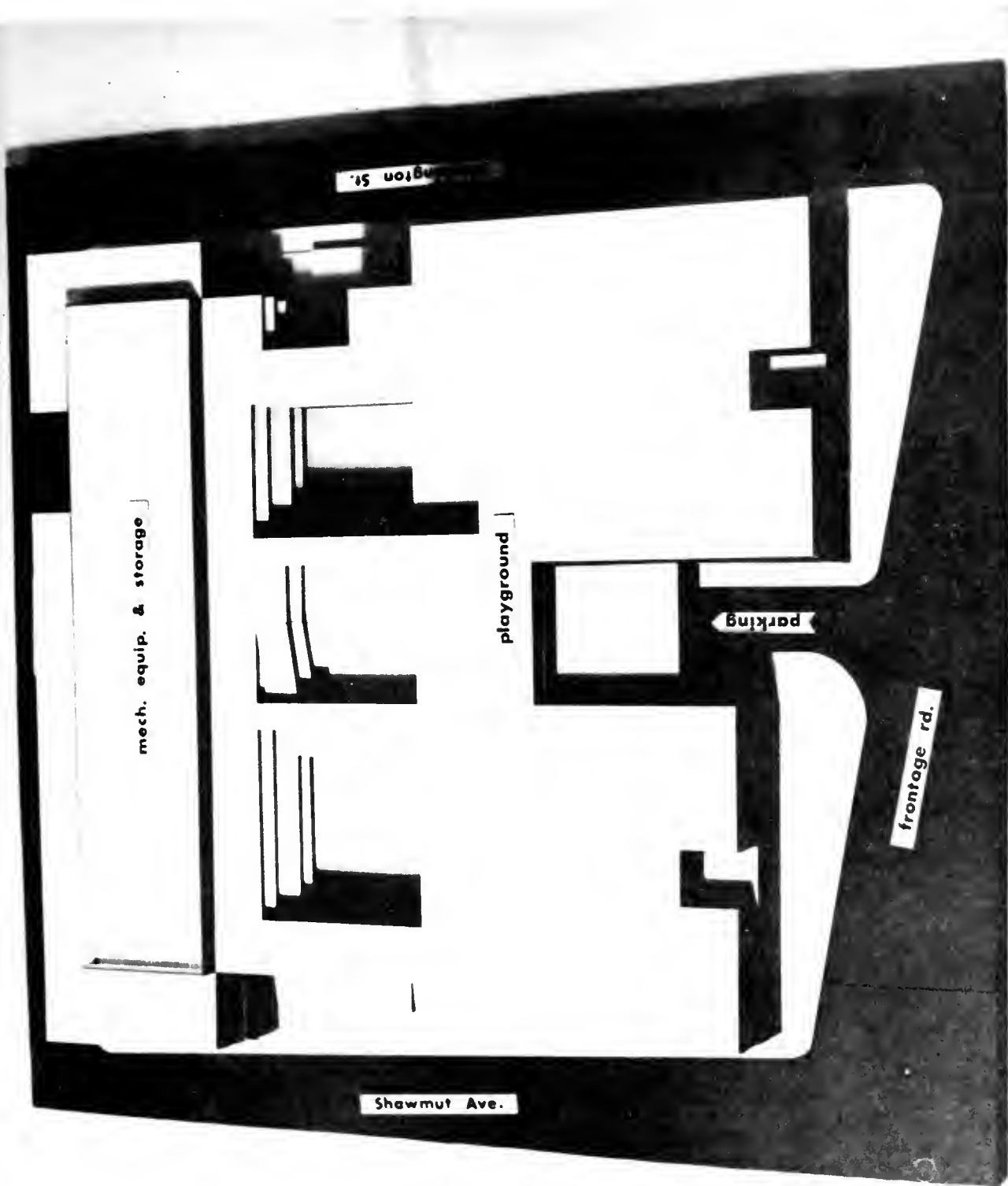
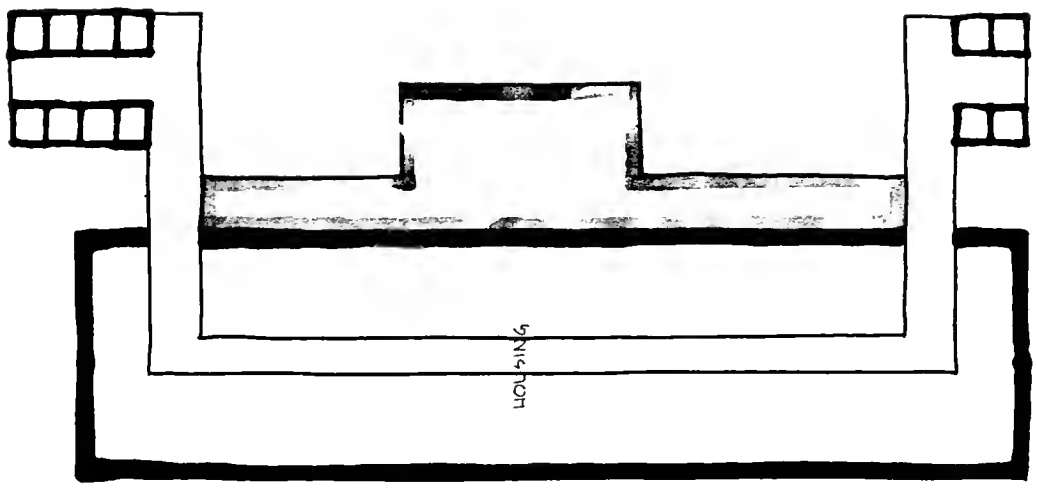


Diagram 30 Model of Fifth Floor

DD



A

C

B



+ 55

DD

QUINCY SCHOOL PROJECT 8

Diagram 31 Plan of Floors Six through Eleven — Housing

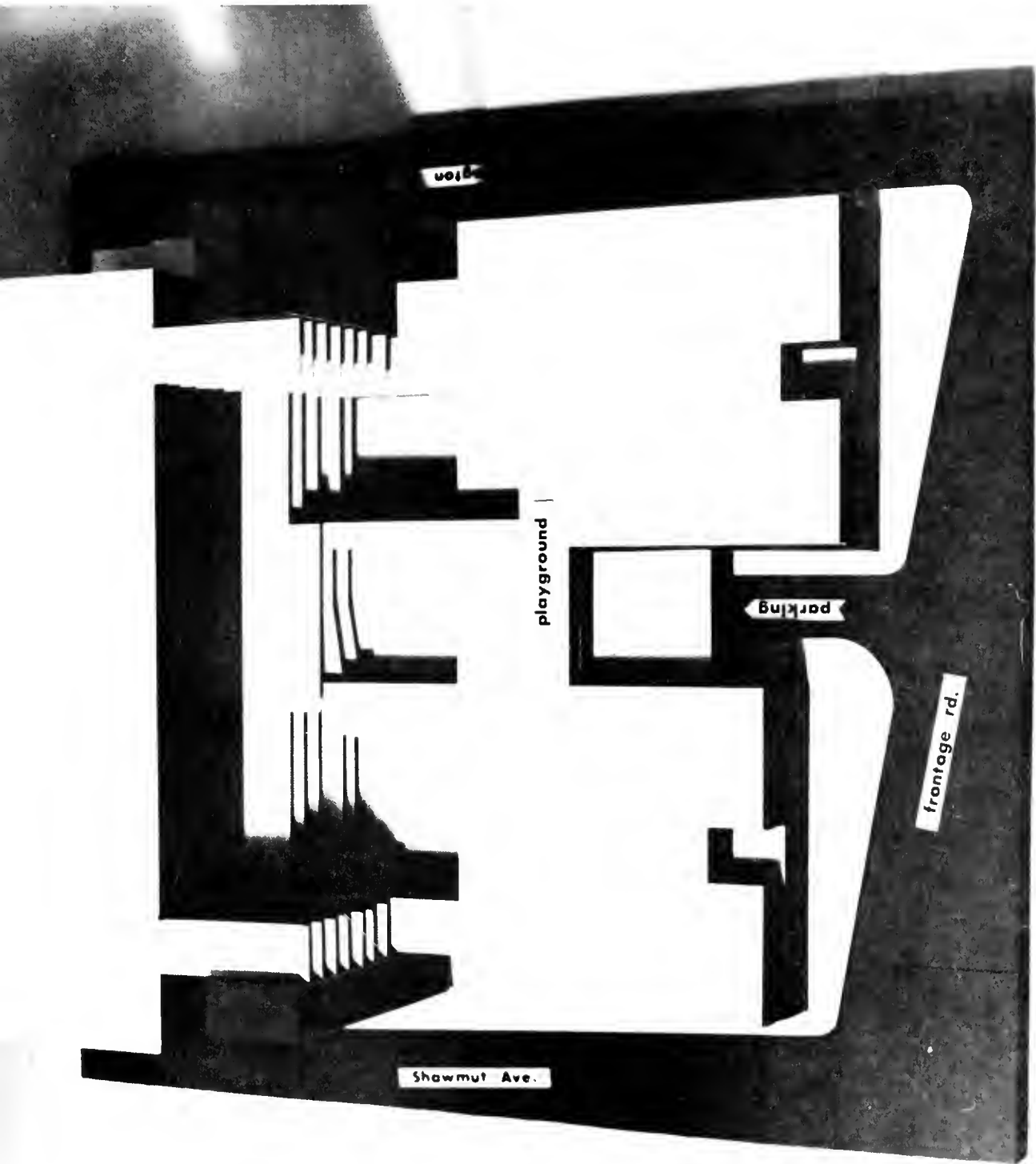
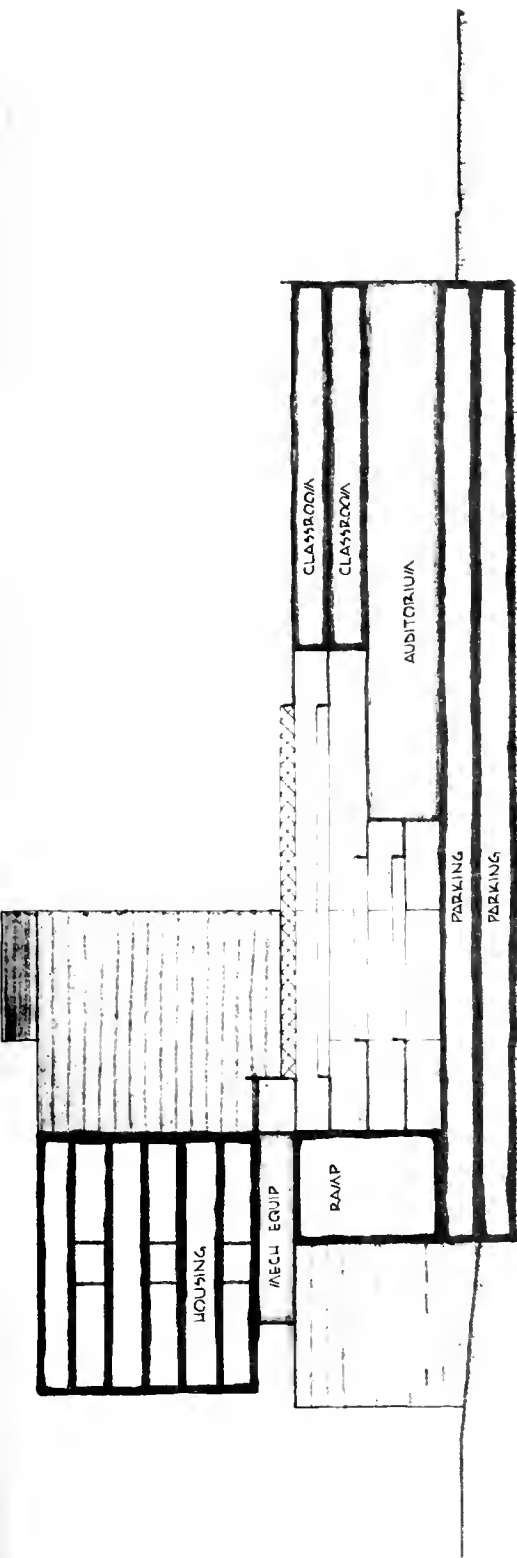
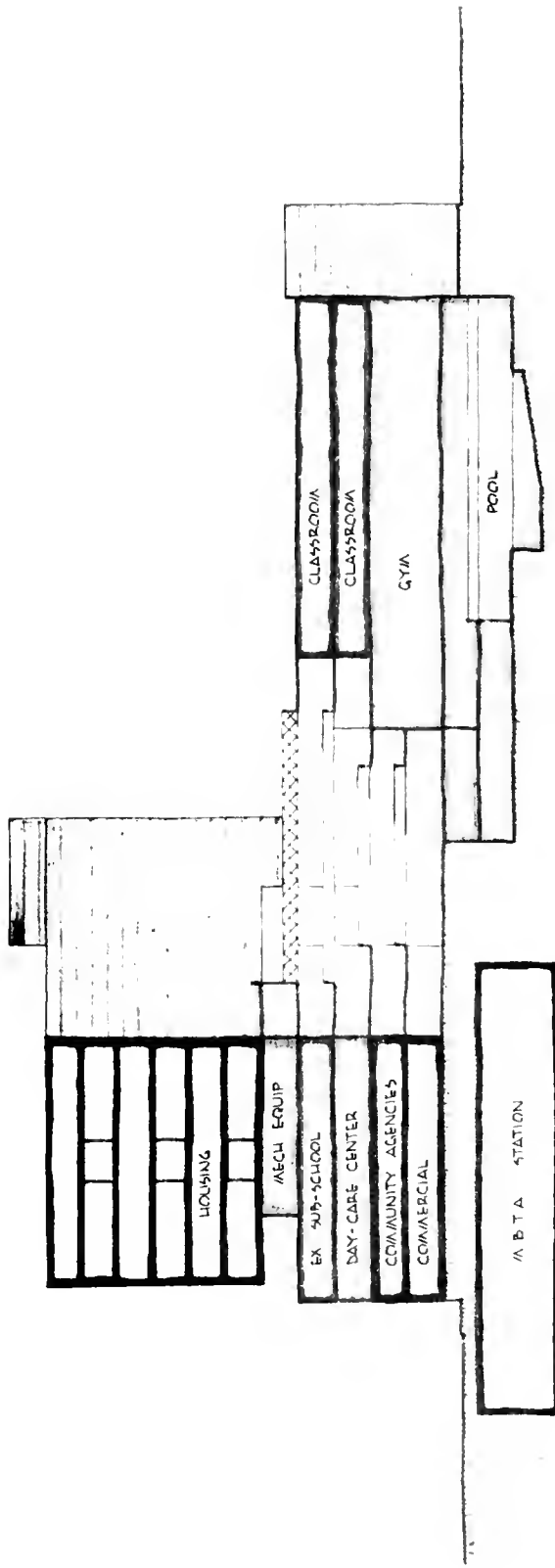


Diagram 32 Model w. Housing & Elevator Towers

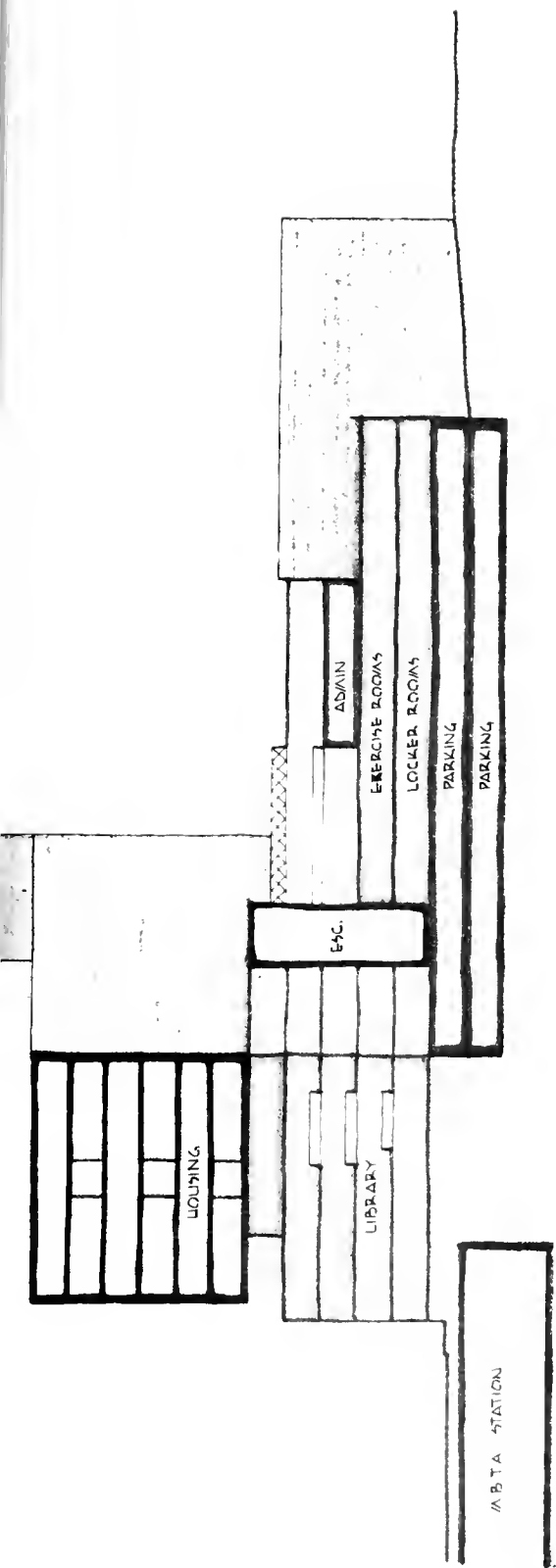


A - A

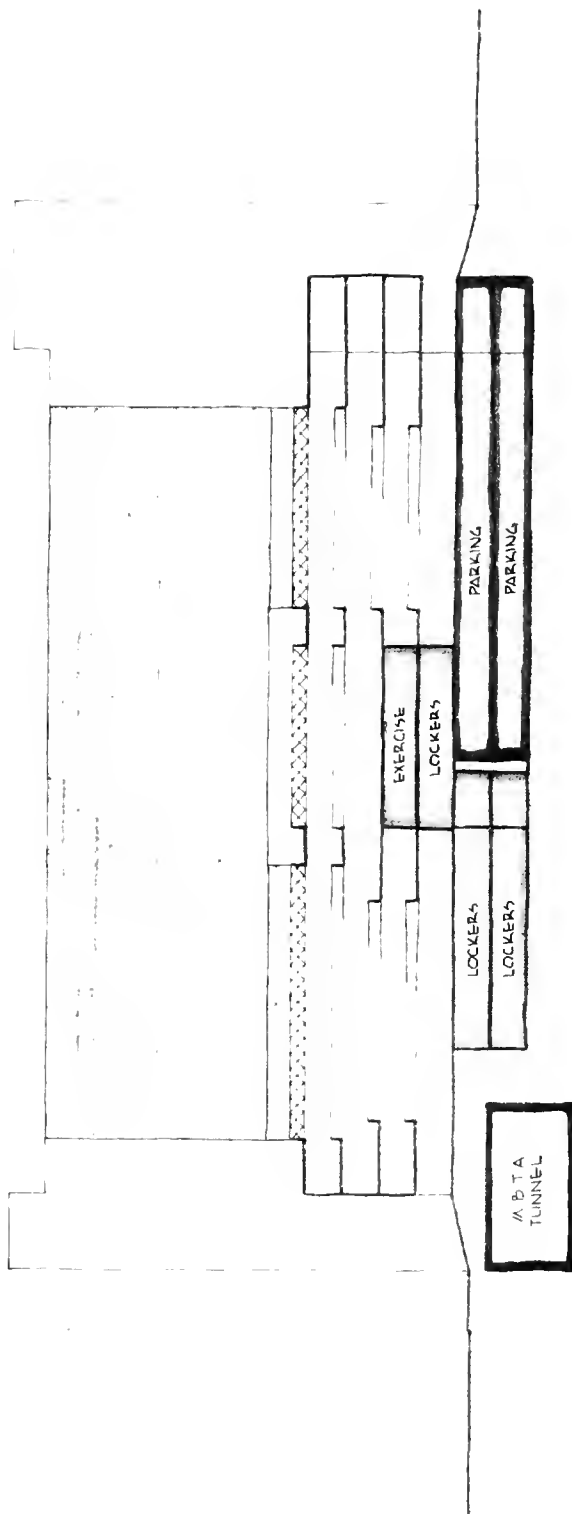


B - B

SECTIONS



C-C



D-D

SECTIONS

10



Diagram 35 Overview from the Southeast

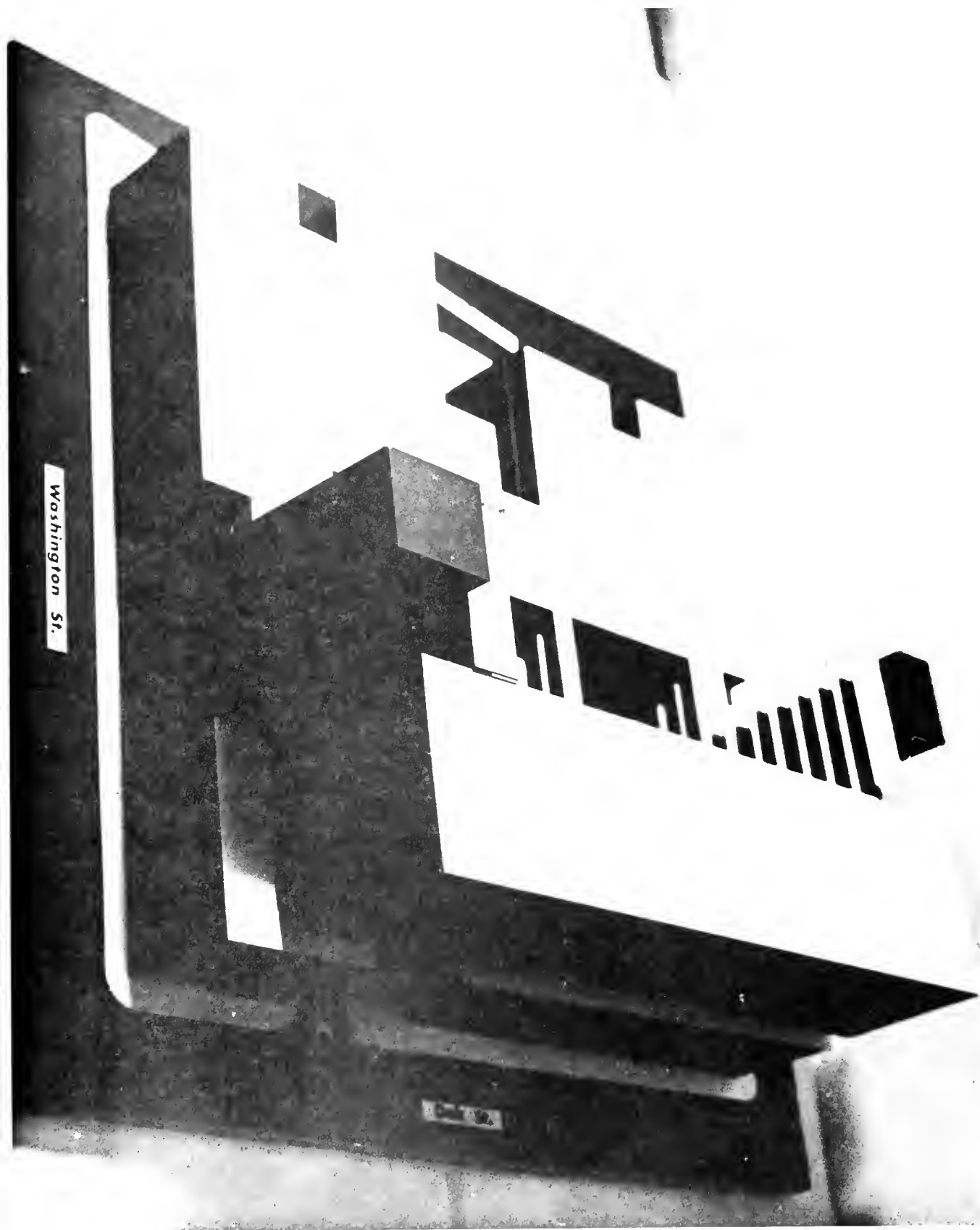


Diagram 36 Overview from the Northeast

V.

**FUTURE OF
THE PROJECT**

V. FUTURE OF THE PROJECT

A. General

The currently scheduled opening date of early 1971 for the new Quincy School allows for only three years from now for a great many changes to take place. However, the project is not dependent upon all of these changes taking place as visualized. This is because the facility will be designed to allow for the evolution and change within its various systems. Nevertheless, there is a series of required priority developments.

B. Medical: Short Term Priorities

1. Expansion of the pilot program already in effect.

As the data begins to present a clearer picture of the health-care problems in the Quincy and Lincoln Schools, the program must be adapted and expanded accordingly. As the first innovative step in the existing schools, the success of this program is crucial and in order to be effective it must evolve and grow.

2. Development of a community organization in relation to health-care.
3. Development of a well-baby clinic.

Medical: Long Term Priorities

1. Development of a strong community capability and orientation within the Medical Center.
2. Design of a variety of health education methods and programs.
3. Development of a community health information resource.
4. Development of day-care programs in terms of health-care.
5. Design of a community mental health program.
6. Development of a community-oriented medical technology.

C. Educational: Short Term Priorities

1. The establishment of a non-graded pilot program in the existing schools.
2. The provision of a maximum of interim opportunities for teachers to work together in planning teaching teams.

3. The designing of an in-service teacher program.
4. Development of a planning methodology for the adaption of the Abraham Lincoln School to the approaches of the new Quincy School.

Educational: Long Term Priorities

1. Design of a program exposing teachers in the existing schools to advances in educational technology.
2. Design of a more intensive language program for non-English speaking children.
3. Attraction of a major corporation in order to invest in the Quincy School Project as an experimental communications media venture.
4. The continuous re-evaluation of the objectives of the school by parents, teachers and pupils with a clear statement of priorities.
5. The effecting of an intensive program of communicating with the home and seeking its aid, advice and trust.
6. The enlarging of a strong student-teacher training program.
7. The designing of a well-planned instructional materials and resource center.

D. Recreational: Short Term Priorities

1. Development of temporary facilities.
2. Development of neighborhood projects- lots, yards, etc.

E. Community Service: Short Term Priorities

1. Establishment of a community framework for retrieval of information concerning the community needs.
2. Development of immediate means for information dispersed to the community.
3. Development of a strong case history of community project relationships.
4. Location and hiring of community liaison personnel.

Community Service: Long Term Priorities

1. Development of a community framework for organization beyond that suggested for medical care (long term.)
2. Design of pilot programs in adult education based upon a survey of community needs.
3. Development within the planning organization of a community capability, i.e. for feedback from the various segments of the area.
4. Location and hiring of an applied anthropologist to assist in community work.

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